SERFF Tracking Number: HCAS-125376375 State: Arkansas
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

# Filing at a Glance

Companies: American Fire and Casualty Company, Ohio Security Insurance Company, The Ohio Casualty Insurance

Company, West American Insurance Company

Product Name: Commercial Lines Forms Filing SERFF Tr Num: HCAS-125376375 State: Arkansas

TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$650

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: CL20070153 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Author: Dave Puckett Disposition Date: 12/17/2007

Date Submitted: 12/05/2007 Disposition Status: Approved

Effective Date Requested (New): 02/09/2008 Effective Date (New): 02/09/2008

02/09/2008

State Filing Description:

### **General Information**

Project Name: Company Rebranding Status of Filing in Domicile: Pending

Project Number: CL20070153 Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 12/17/2007

State Status Changed: 12/10/2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting revised company forms due to the recent acquisition of the Ohio Casualty Group by Liberty Mutual.

# **Company and Contact**

#### **Filing Contact Information**

SERFF Tracking Number: HCAS-125376375 State: Arkansas
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

Dave Puckett, Product Staff Underwriter Dave.Puckett@ocas.com 9450 Seward Road (800) 843-6446 [Phone] Fairfield, OH 45014-5456 (513) 603-3123[FAX]

**Filing Company Information** 

American Fire and Casualty Company CoCode: 24066 State of Domicile: Ohio

9450 Seward Road Group Code: 111 Company Type: Fairfield, OH 45014-5456 Group Name: State ID Number:

(800) 843-6446 ext. [Phone] FEIN Number: 59-0141790

-----

Ohio Security Insurance Company CoCode: 24082 State of Domicile: Ohio

9450 Seward Road Group Code: 111 Company Type: Fairfield, OH 45014-5456 Group Name: State ID Number:

(800) 843-6446 ext. [Phone] FEIN Number: 31-0541777

-----

The Ohio Casualty Insurance Company CoCode: 24074 State of Domicile: Ohio

9450 Seward Road Group Code: 111 Company Type: Fairfield, OH 45014-5456 Group Name: State ID Number:

(800) 843-6446 ext. [Phone] FEIN Number: 31-0396250

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West American Insurance Company CoCode: 44393 State of Domicile: Indiana

9450 Seward Road Group Code: 111 Company Type: Fairfield, OH 45014-5456 Group Name: State ID Number:

(800) 843-6446 ext. [Phone] FEIN Number: 31-0624491

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Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

# **Filing Fees**

Fee Required? Yes

Fee Amount: \$650.00

Retaliatory? No

Fee Explanation: Filing Fee = \$50 each filing x line of business

Ohio Casualty = \$50 x 4 lines (Comm. Auto, BOP, CGL, Comm. IM) = \$200 West American = \$50 x 4 lines (Comm. Auto, BOP, CGL, Comm. IM) = \$200

American Fire & Casualty = \$50 x 4 lines (Comm. Auto, BOP, CGL, Comm. IM) = \$200

Ohio Security =  $$50 \times 1$  line (CGL) = \$50

Total Filing Fees = \$650

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fire and Casualty Company	\$0.00	12/05/2007	
Ohio Security Insurance Company	\$0.00	12/05/2007	
The Ohio Casualty Insurance Company	\$650.00	12/05/2007	16956927
West American Insurance Company	\$0.00	12/05/2007	

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

# **Correspondence Summary**

# **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/17/2007	12/17/2007

SERFF Tracking Number: HCAS-125376375 State: Arkansas
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

# **Disposition**

Disposition Date: 12/17/2007 Effective Date (New): 02/09/2008 Effective Date (Renewal): 02/09/2008

Status: Approved

Comment: There will be refund for overpayment on filing fees coming.

Please make note for the future that form filings are only a \$50 fee charge per filing. It doesn't matter how many

companies, line of business or forms.

Rate data does NOT apply to filing.

**Overall Rate Information for Multiple Company Filings** 

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

- Company Neo			
Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	&Approved	Yes
Supporting Document	Cover Letter and Filing Memorandum	Approved	Yes
Form	Artisan Contractors Liab Dec	Approved	Yes
Form	Business Auto Policy Manual Dec	Approved	Yes
Form	Business Auto Policy Manual Dec Sched	Approved	Yes
Form	Truckers Policy Manual Dec	Approved	Yes
Form	Truckers Policy Manual Dec Sched	Approved	Yes
Form	Garage (Non-Dealers) Policy Manual Dec	Approved	Yes
Form	Garage (Non-Dealers) Policy Manual Dea	Approved	Yes
Form	Motor Carrier Policy Man Dec	Approved	Yes
Form	Motor Carrier Policy Manual Dec Schedule	Approved	Yes
Form	Garage (Dealers) Policy Manual Dec	Approved	Yes
Form	Common Policy Decs (Paris)	Approved	Yes
Form	Business Auto Policy Dec (Paris)	Approved	Yes
Form	Comm Gen Liab Dec	Approved	Yes
Form	Dec Schedule	Approved	Yes
Form	Liquor Liab Dec	Approved	Yes
Form	Railroad Protective Liab Dec	Approved	Yes
Form	Products/Completed Operations Liab Dec	Approved	Yes
Form	Employers' Stop Gap Liab Dec	Approved	Yes
Form	Employee Benefits Liab Dec	Approved	Yes
Form	Owners and Contractors Protective Liab Dec	Approved	Yes
Form	Custom HomeBuilders Common Policy Dec	Approved	Yes
Form	Printers Errors and Omissions Liab Dec	Approved	Yes
Form	Declarations Schedule	Approved	Yes
Form	Contractors E & O Dec	Approved	Yes
Form	Comm Inland Marine Manual Dec	Approved	Yes
	Comm Inl Marine Manual Dec Schedule	Approved	Yes

SERFF Tracking Number: HCAS-125376375 State: Arkansas
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

**Form** 

Form Comm Inl Marine Dec Sched - Acct Rec Appro	oved Y	'es
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Cov

Form Comm Inl Marine Dec Sched - Camera & Approved Yes

Musical Inst

Form Comm Inl Marine Dc Sched - Comm Approved Yes

Articles Cov

Form Comm Inl Marine Dec Sched - Phys & Approved Yes

Surgeons Equip

Form Comm Inl Marine Dec Sched - Valuable Approved Yes

Papers & Records

Form Comm Inl Marine Dec Shed - Bailee Cov Approved Yes

Form Comm Inl Marine Dec Sched - Builders Approved Yes

Risk

Form Comm Inl Marine Dec Sched - Computer Approved Yes

& Telecomm Equip

Form Comm Inl Marine Dec Sched - Tools & Approved Yes

Equip Cov

Form Comm Inl Marine Dec Sched - Installation Approved Yes

Cov

Form Comm Inl Marine Dec Sched - Misc Approved Yes

Property

Form Comm Inl Marine Dec Sched - Motor Trk Approved Yes

Cargo

Form Comm Inl Marine Dec Sched - Patterns & Approved Yes

Dies Cov

Form Comm Inl Marine Dec Sched - Radio, TV Approved Yes

Tower & Equip

Form Comm Inl Marine Dec Sched - Approved Yes

Transportation Cov

Form Comm Inl Marine Dec Sched - Trip Approved Yes

Transit Cov

Form Comm Inl Marine Dec Sched - Aritsan Approved Yes

Contractors Cov

Form Automobile Services Supplemental Dec Approved Yes

Form Policyholder Inf (Automated) Approved Yes

Form Common Policy Dec (Automated) Approved Yes

SERFF Tracking Number: HCAS-125376375 State: Arkansas
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

Comm (Line Specific) Dec (Automated) Approved Yes **Form** Comm (Line Specific) Sched (Automated) Approved Yes **Form** Result of Cancellation (Automated) Approved Yes **Form** Result of Reinstatement (Automated) Approved Yes **Form** Policy Change End (Automated) Approved Yes **Form** Common Policy Dec (Manual) Approved Yes **Form** Result of Reinstatment (Manual) Approved Yes **Form** Result of Cancellation (Manual) Approved Yes **Form** 

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

# **Form Schedule**

Review	Form Name	Form #	Edition	Form Type Action	Action Specific Readability	Attachment
Status			Date		Data	
Approved	Artisan	DS 81 02	01 08	Declaration Replaced	Replaced Form #:0.00	DS 81 02 01
	Contractors Liab			s/Schedule	DS 81 02 09 01	08.pdf
	Dec				Previous Filing #:	
Approved	<b>Business Auto</b>	DS 70 38	01 08	Declaration Replaced	Replaced Form #:0.00	DS 70 38 01
	Policy Manual			s/Schedule	DS 70 38 01 03	08.pdf
	Dec				Previous Filing #:	
Approved	Business Auto	DS 70 39	01 08	Declaration Replaced	Replaced Form #:0.00	DS 70 39 01
	Policy Manual			s/Schedule	DS 70 39 01 03	08.pdf
	Dec Sched				Previous Filing #:	
Approved	Truckers Policy	DS 70 44	01 08	Declaration Replaced	Replaced Form #:0.00	DS 70 44 01
	Manual Dec			s/Schedule	DS 70 44 01 03	08.pdf
					Previous Filing #:	
Approved	Truckers Policy	DS 70 45	01 08	Declaration Replaced	Replaced Form #:0.00	DS 70 45 01
	Manual Dec			s/Schedule	DS 70 45 01 03	08.pdf
	Sched	<b>50 5</b> 0 40			Previous Filing #:	50 50 40 04
Approved	Garage (Non-	DS 70 46	01 08	Declaration Replaced	Replaced Form #:0.00	DS 70 46 01
	Dealers) Policy			s/Schedule	DS 70 46 01 03	08.pdf
A	Manual Dec	DC 70 47	0.4.00	Dealerstica Dealers d	Previous Filing #:	DC 70 47 04
Approved	Garage (Non-	DS 70 47	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 47 01 03	DS 70 47 01
	Dealers) Policy Manual Dec			s/scriedule	Previous Filing #:	08.pdf
	Sched				Frevious Filling #.	
Approved	Motor Carrier	DS 70 48	01.08	Declaration Replaced	Replaced Form #:0.00	DS 70 48 01
	Policy Man Dec	20.0.0	01 00	s/Schedule	DS 70 48 01 03	08.pdf
					Previous Filing #:	
Approved	Motor Carrier	DS 70 49	01 08	Declaration Replaced	Replaced Form #:0.00	DS 70 49 01
	Policy Manual			s/Schedule	DS 70 49 01 03	08.pdf
	Dec Schedule				Previous Filing #:	
Approved	Garage (Dealers)	DS 70 58	01 08	Declaration Replaced	Replaced Form #:0.00	DS 70 58 01
	Policy Manual			s/Schedule	DS 70 58 01 03	08.pdf
	Dec				Previous Filing #:	
Approved	Common Policy	DS 70 42	01 08	Declaration Replaced	Replaced Form #:0.00	DS 70 42 01
	Decs (Paris)			s/Schedule	DS 70 42 01 03	08.pdf

Company Tracking Number: CL20070153

Schedule

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

Project Name/	Number: Compo	iny Rebranding/CL.	.20070153			
					Previous Filing #:	
Approved	Business Auto Policy Dec (Paris	DS 70 43 01		Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 43 01 03 Previous Filing #:	DS 70 43 01 08.pdf
Approved	Comm Gen Liab Dec	CG 80 00 0		Declaration Replaced s/Schedule	Replaced Form #:0.00 CG 80 00 09 01 Previous Filing #:	CG 80 00 01 08.pdf
Approved	Dec Schedule	CG 80 01 01		Declaration Replaced s/Schedule	Replaced Form #:0.00 CG 80 01 09 01 Previous Filing #:	CG 80 01 01 08.pdf
Approved	Liquor Liab Dec	CG 81 03 01		Declaration Replaced s/Schedule	Replaced Form #:0.00 CG 81 03 09 01 Previous Filing #:	CG 81 03 01 08.pdf
Approved	Railroad Protective Liab Dec	CG 81 04 01		Declaration Replaced s/Schedule	Replaced Form #:0.00 CG 81 04 09 01 Previous Filing #:	CG 81 04 01 08.pdf
Approved	Products/Completed Operations Liab Dec	etCG 81 06 01		Declaration Replaced s/Schedule	Replaced Form #:0.00 CG 81 06 09 01 Previous Filing #:	CG 81 06 01 08.pdf
Approved	Employers' Stop Gap Liab Dec	DS 70 19 01		Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 19 09 01 Previous Filing #:	DS 70 19 01 08.pdf
Approved	Employee Benefits Liab De	DS 80 09 01		Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 80 09 09 01 Previous Filing #:	DS 80 09 01 08.pdf
Approved	Owners and Contractors Protective Liab Dec	DS 81 00 01		Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 81 00 09 01 Previous Filing #:	DS 81 00 01 08.pdf
Approved	Custom HomeBuilders Common Policy Dec	DS 81 07 01		Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 81 07 07 06 Previous Filing #:	DS 81 07 01 08.pdf
Approved	Printers Errors and Omissions Liab Dec	DS 70 35 01		Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 35 05 01 Previous Filing #:	DS 70 35 01 08.pdf
Approved	Declarations	DS 70 36 01	1 08	Declaration Replaced	Replaced Form #:0.00	DS 70 36 01

DS 70 36 05 01

08.pdf

s/Schedule

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

Project Name/l	Number: Compa	ny Rebranding/CL2	20070153			
					Previous Filing #:	
Approved	Contractors E & O Dec	DS 81 06 01	1 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 81 06 01 05 Previous Filing #:	DS 81 06 01 08.pdf
Approved	Comm Inland Marine Manual Dec	CM 74 00 0	1 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 00 09 01 Previous Filing #:	CM 74 00 01 08.pdf
Approved	Comm Inl Marine Manual Dec Schedule	CM 74 10 01	1 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 10 01 86 Previous Filing #:	CM 74 10 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Acct Rec Cov	_	1 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 20 09 04 Previous Filing #:	CM 74 20 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Camera & Musical Inst	CM 74 21 01	1 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 21 03 89 Previous Filing #:	CM 74 21 01 08.pdf
Approved	Comm Inl Marine Dc Sched - Comm Articles Cov	CM 74 22 01	1 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 22 03 89 Previous Filing #:	CM 74 22 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Phys & Surgeons Equip	-	1 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 30 12 95 Previous Filing #:	CM 74 30 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Valuable Papers & Records	CM 74 33 01	1 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 33 03 89 Previous Filing #:	CM 74 33 01 08.pdf
Approved	Comm Inl Marine Dec Shed - Bailee Cov	CM 75 11 01	1 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 11 06 86 Previous Filing #:	CM 75 11 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Builders Risk	CM 75 19 01	1 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 19 06 86 Previous Filing #:	CM 75 19 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Computer &	CM 75 43 01	1 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 43 03 99 Previous Filing #:	CM 75 43 01 08.pdf

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

Telecomm Equip

	relecomm Equip					
Approved	Comm Inl Marine Dec Sched - Tools & Equip Cov	CM 75 58	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 58 05 99 Previous Filing #:	CM 75 58 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Installation Cov	CM 75 81	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 81 03 99 Previous Filing #:	CM 75 81 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Misc Property		01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 91 01 86 Previous Filing #:	CM 75 91 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Motor Trk Cargo	CM 76 05	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 76 05 12 97 Previous Filing #:	CM 76 05 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Patterns & Dies Cov	CM 76 22	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 76 22 01 86 Previous Filing #:	CM 76 22 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Radio, TV Tower & Equip	CM 76 31	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 76 31 01 86 Previous Filing #:	CM 76 31 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Transportation Cov	CM 76 62	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 76 62 12 97 Previous Filing #:	CM 76 62 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Trip Transit Cov	CM 76 71	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 76 71 01 86 Previous Filing #:	CM 76 71 01 08.pdf
Approved	Comm Inl Marine Dec Sched - Aritsan Contractors Cov	CM 77 43	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 77 43 12 95 Previous Filing #:	CM 77 43 01 08.pdf
Approved	Automobile Services Supplemental Dec	BP 79 17	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 BP 79 17 11 90 Previous Filing #:	BP 79 17 01 08.pdf
Approved		DS 70 20	01 08	Declaration Replaced	Replaced Form #:0.00	DS 70 20 01

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing

Project Name/Number: Company Rebranding/CL20070153

Project Name/I	Number: Compa	ny Rebranding/CL20070153			
	(Automated)		s/Schedule	DS 70 20 01 01 Previous Filing #:	08.pdf
Approved	Common Policy Dec (Automated)	DS 70 21 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 21 01 01 Previous Filing #:	DS 70 21 01 08.pdf
Approved	Comm (Line Specific) Dec (Automated)	DS 70 22 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 22 01 01 Previous Filing #:	DS 70 22 01 08.pdf
Approved	Comm (Line Specific) Sched (Automated)	DS 70 23 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 23 01 01 Previous Filing #:	DS 70 23 01 08.pdf
Approved	Result of Cancellation (Automated)	DS 70 25 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 25 01 01 Previous Filing #:	DS 70 25 01 08.pdf
Approved	Result of Reinstatement (Automated)	DS 70 26 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 26 01 01 Previous Filing #:	DS 70 26 01 08.pdf
Approved	Policy Change End (Automated)	DS 70 27 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 27 01 01 Previous Filing #:	DS 70 27 01 08.pdf
Approved	Common Policy Dec (Manual)	DS 70 31 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 31 09 01 Previous Filing #:	DS 70 31 01 08.pdf
Approved	Result of Reinstatment (Manual)	DS 70 34 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 34 09 01 Previous Filing #:	DS 70 34 01 08.pdf
Approved	Result of Cancellation (Manual)	DS 70 56 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 56 04 03 Previous Filing #:	DS 70 56 01 08.pdf

VARIOUS LOGOS	Coverage Is Provided In:		POLICY NUMBER:		
	9450 Seward Road, Fairfield, Ohio 45014  Artisan Contractors Liability  Declarations		Policy Period: From	То	
			12:01 a.m. Standard at Insured Mailing Lo		
	Basis: Occurrence				
amed Insured		Agent			

# **SUMMARY OF LIMITS AND CHARGES**

Artisan Contractors Liability Limits of Insurance	DESCRIPTION	LIMIT				
	Each Occurrence Limit					
	Damage To Premises Rented To You Limit (Any One Premises)					
	Medical Expense Limit (Any One Person)					
	Personal and Advertising Injury Limit					
	General Aggregate Limit (Other than Products - Completed Operations)					
	Products - Completed Operations Aggregate Limit					
	Off Premises Care, Custody or Control Coverage					
	Voluntary Property Damage					
Explanation of	DESCRIPTION	PREMIUM				
Charges	General Liability Schedule Totals					
	Certified Acts of Terrorism Coverage					

Total Provisional Charges:

Note: This is not a bill

Page 1 of 1

	Coverage Is Provided In:			
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014	POLICY NUMBER  Policy Period:		
VANIOUS LOUUS	Business Automobile Policy Declarations	From To 12:01 a.m. Standard Time at Insured Mailing Location Entity  Renewal of Policy No.		
Named Insured & Mailing Address		Agent Mailing Address & Phone No.		
This policy provides only coverages will apply on for a particular coverage	y those coverages where a charge is shown in the those "autos" shown as covered "autos" by the entry or more of the symbols from the ext to the name of the coverage.	he premium column below. Each of these . "Autos" are shown as covered "autos"		
	rerage Form CA 00 01 for Covered Auto Symbol	Descriptions		
COVERAGES	LIMIT	PREMIUM		
Liability				
	Covered Auto Symbo	ol(s)		
	Covered Auto Symbo	ol(s)		
A	Covered Auto Symbo	ol(s)		

ITEM TWO - SCHEDULE OF CO	OVERAGES AND COVERED AUT	OS - continued
COVERAGES	LIMIT	PREMIUM
Personal Injury Protection		
Added Personal Injury Protection		
Added reisonal injury riolection		
	Covered Auto Cymbal/al	
	Covered Auto Symbol(s)	<del>.</del>
Comprehensive		
Specified Causes of Loss		
Collision		
1,112	Covered Auto Symbol(s)	
Towing & Labor Cost		
	Covered Auto Symbol(s)	
Miscellaneous Coverages		
	Covered Auto Symbol(s)	
Other Charges		
Certified Acts of Terrorism		
	Total Provisional Charges:	Note: This is not a bill
		Note: This is not a bill

### **ITEM FOUR - HIRED AUTO COVERAGE**

Estimated Annual Cost of Hire

Rate Per Each \$100 Annual Cost of Hire

#### Liability

#### Comprehensive

Actual Cash Value or Cost of Repairs, whichever is less, minus \$ Ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.

#### Collision

Actual Cash Value or Cost of Repairs, whichever is less, minus \$ Ded. for each covered auto.

#### **Specified Cause of Loss**

Actual Cash Value or Cost of Repairs whichever is less, minus \$25 for each covered auto for loss caused by mischief or vandalism.

Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

### ITEM FIVE - NON-OWNERSHIP LIABILITY COVERAGE

**Number of Employees** 

### ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS

Estimated Yearly:	Gross Receipts	Mileage

Rates: Per \$100 of Gross Receipts Per Mile

**Liability Insurance Premiums** 

**Auto Medical Payments Premiums** 

**Total Premium** 

#### Mimimum Premium

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

#### FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

# **POLICY FORMS AND ENDORSEMENTS**

This section lists all the Forms and Endorsements that make up the Commercial Business Auto coverage part of your policy. Refer to these documents for detailed information concerning your coverage.

**FORM NUMBER** 

TITLE

Named Insured
---------------

### Agent

# ITEM THREE: COVERED VEHICLES AND PREMIUM DETAIL

	-		VIN:			
Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
<u> </u>	DESCRIPTION					PREMIUM

			Total Prem	ium		
			VIN:			
Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
	DESCRIPTION					PREMIUM

### Total Premium

	Coverage Is Provided In:	
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014	POLICY NUMBER  Policy Period: From To
	Truckers Policy Declarations	12:01 a.m. Standard Time at Insured Mailing Location Entity  Renewal of Policy No.
Named Insured & Maili	ing Address	Agent Mailing Address & Phone No.
This policy provides on coverages will apply or	ness:  HEDULE OF COVERAGES AND	n the premium column below. Each of these s". "Autos" are shown as covered "autos"
Truckers Coverage Forn	m next to the name of the coverage.	
COVERAGES	ge Form CA 00 12 for Covered Auto Symbol Des LIMIT	PREMIUM
Liability		
	Covered Auto Sym	bol(s)
	Covered Auto Sym	abol(s)
	Covered Auto Sym	ubol(s)
	Covered Auto Sym	abol(s)
	Covered Auto Sym	abol(s)
	Covered Auto Sym  Covered Auto Sym	

COVERAGES	LIMIT	PREM	/IUN
Personal Injury Protection			
Added Personal Injury Protection			
	Covered Auto Sunshalla		
TRAILER INTERCHANGE	Covered Auto Symbol(s)		
Comprehensive			
Specified Causes of Loss			
Collision			
	Covered Auto Symbol(s)		
Comprehensive			
Specified Causes of Loss			
Collision			
	Covered Auto Symbol(s)		
Towing & Labor Cost			
	Covered Auto Symbol(s)		
Miscellaneous Coverages			
	Covered Auto Symbol(s)		
Other Charges			
Certified Acts of Terrorism			
	Total Provisional Charges:	-	
	·	Note: This is not	a bill
•			

### **ITEM FOUR - HIRED AUTO COVERAGE**

	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
Liability			
Comprehensive  Actual Cash Value or Cost of Repairs, whichever is less, minus \$ Ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.			
Collision  Actual Cash Value or Cost of Repairs, whichever is less, minus \$ Ded. for each covered auto.			
Specified Cause of Loss  Actual Cash Value or Cost of Repairs whichever is less, minus \$25 for each covered auto for loss caused by mischief or vandalism.			

Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

# **ITEM FIVE - NON-OWNERSHP LIABILITY COVERAGE**

**Number of Employees** 

Premium

**Number of Partners** 

**Total Premium** 

### **ITEM SIX - TRAILER INTERCHANGE COVERAGE**

**Daily Rate** 

Estimated Premium

Comprehensive

**Specified Causes of Loss** 

Collision

**Total Premium** 

# ITEM SEVEN - SCHEDULE FOR GROSS RECEIPTS - LIABILITY INSURANCE

**Estimated Yearly:** 

**Gross Receipts** 

Rates:

Per \$100 of Gross Receipts

**Liability Insurance Premiums** 

**Auto Medical Payments Premiums** 

**Total Premium** 

#### Mimimum Premium

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from the renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

# **POLICY FORMS AND ENDORSEMENTS**

This section lists all the Forms and Endorsements that make up the Commercial Business Auto coverage part of your policy. Refer to these documents for detailed information concerning your coverage.

**FORM NUMBER** 

TITLE

Named Insured

Agent

# ITEM THREE: COVERED VEHICLES AND PREMIUM DETAIL

			VIN:			
Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
-	DESCRIPTION					PREMIUM

			Total Prem	nium		
			VIN:			
Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
	DESCRIPTION					PREMIUM

Total Premium

		Coverage Is Provid	ded In:				
VARIOUS LOGOS		9450 Seward Road, Fairfield, Ohio 45014		Ohio 45014	POLICY NUMBER  Policy Period:		
		Garage (Non-Dealers) Policy Declarations		rs)	From To 12:01 a.m. Standard Time at Insured Mailing Location Entity  Renewal of Policy No.		
Named Inc	sured & Mailing Add	Irace			Agent Mailing Address & Phone No		
This policy coverages for a parti	will apply only to t	e coverages wher hose "autos" sho he entry of one o	e a charge wn as cov r more of	is shown in the pered "autos". "A	ED AUTOS  oremium column below. Each of these autos" are shown as covered "autos" in the COVERED AUTO Section of the		
	ge Coverage Form C	***************************************	<del>-</del>	mbol Descriptio	ns		
COVERAG	ES	LIMIT			PREMIUM		
Liability							
\$	ACV MI Each "Accio "Garage Oper "Auto" Only \$			E Aggregate- Brage Operations Other Than "Auto" Only	n		
Ψ	Ψ			Auto Symbol(s)			
				Auto Symbol(s)			
			Covered	Auto Symbol(s)			

<del></del>	
Covered Auto Symbol(s)	
Covered Auto Symbol(s)	
Covered Auto Symbol(s)	
Covered Auto Symbol(s)	
Covered Auto Symbol(s)	
Total Provisional Charges:	Note: This is not a bill
_	Covered Auto Symbol(s)  Covered Auto Symbol(s)  Covered Auto Symbol(s)

### **NON-DEALERS**

### ITEM THREE - LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

Location No.

Address state your main business location as Location No. 1 **Territory** 

### ITEM FOUR - LIABILITY COVERAGE - PAYROLL RATING BASIS

Location No.

**Estimated Payroll** 

Rate Per \$100 of Payroll

Premium

**Total Premium** 

### ITEM FIVE - GARAGEKEEPERS COVERAGES AND PREMIUMS

Location	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO	
No.		FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM;			
		OR\$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO	
	Specified Causes Of Loss	\$	MAXIMUM DEDUC	TIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO.	
Location	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO	
No.		FOR LOSS	CAUSED BY THEFT	OR MISCHIEF OR VANDALISM;	
		OR\$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO	
	Specified Causes Of Loss	\$	MAXIMUM DEDUC	TIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO.	

#### **Total Premium**

#### **DIRECT COVERAGE OPTIONS**

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

□ EXCESS INSURANCE

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐ PRIMARY INSURANCE

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.

# **ITEM SIX - HIRED AUTO COVERAGE - NON-DEALERS**

	State	Estimated Cost of Hire for each state	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov is primary)	Premium
Liability (Autos not used in your Motor Carrier Operations)					

#### **Total Premium**

Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Estimated
Annual
Cost of Hire

Rate Per Each \$100 Annual Cost of Hire

Premium

#### **Physical Damage Coverage**

#### Comprehensive

Actual Cash Value or Cost of Repairs, minus \$ Ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.

#### Collision

Actual Cash Value or Cost of Repairs, minus \$ Ded. for each covered auto.

#### **Specified Cause of Loss**

Actual Cash Value or Cost of Repairs minus \$25 for each covered auto for loss caused by mischief or vandalism.

**Total Premium** 

# **ITEM EIGHT - MEDICAL PAYMENTS COVERAGE**

**Premium** 

#### **Auto Medical Payments Only**

Auto Medical Payments Premium equals of the Liability Premium

%

#### **Premises and Operations Medical Payments**

Premises and Operations Medical Payments equals % of the Liability Premium

#### **Premises and Operations and Auto Medical Payments**

Premises and Operations and Auto Medical Payments Premium equals % of the Liability Premium

# ITEM NINE - SCHEDULE FOR NON-DEALERS PHYSICAL DAMAGE

The PHYSICAL DAMAGE COVERAGE provisions of the Garage Coverage Form relating to dealers apply to those autos held for sale by non-dealers and traile dealers. Each of the following PHYSICAL DAMAGE COVERAGE coverages that is indicated in **ITEM TWO** applies to the types of "autos" and interests indicated below by "X" "

and interests	indicated b	elow by "🛛 "		<del></del>	······································					
Coverages		Ţ	ypes of autos	pes of autos Interests covered						
		New "Autos"	Used "autos" and Demonstrators	Your interest in cov- ered "autos" you own	Your interest and the financed covered "autos"	interest o	rest and the f any creditor a loss payee.	All interest in any auto not owned by you or any creditor while in your possession on consignment for sale.		
Comprehens	ive									
Spec'd Caus										
Collision										
	· <del>- · · · · · · · · · · · · · · · · · ·</del>				***					
Location No.	Co	overages		Limit of Insurance For	Each Location		Rates	Premium		
	Compreh	•	\$ M	INUS \$ DEI	OUCTIBLE FOR EACH					
1	Specified		1 7	O FOR LOSS CAUSED F OR \$ MINUS \$	BY THEFT OR MISCHIE	FOR				
	of Loss	. 000000		LOSS IN ANY ONE EV						
2	Compreh	nensive	\$ M	IINUS \$ DEI O FOR LOSS CAUSED I DR \$ MINUS \$	DUCTIBLE FOR EACH BY THEFT OR MISCHIE DEDUCTIBLE	E FOR				
	Specified of Loss	d Causes	ALL PERILS SU	BJECT TO \$ N LOSS IN ANY ONE EV	MAXIMUM DÉDUCTIBI FNT	LE				
	Compreh	nensive	\$ N	IINUS \$ DEI	DUCTIBLE FOR EACH	,				
				O FOR LOSS CAUSED I						
3	Specified	- Courses	VANDALISM: ( ALL PERILS SU		DEDUCTIBLE MAXIMUM DEDUCTIBLE					
	of Loss	Causes		LOSS IN ANY ONE EV		<b></b>				
	All Collision			BLANKET ANNUAL CO	Adjustment					
All			First \$50,000	\$50,00 to \$100,			Factor	Premium		
Our limit of it	L	or "loss" at all	locations other than	those stated in <b>ITEM T</b>	HRFF	TOTAL	PREMIUM			
					IIILL	TOTAL	11121110111			
\$ ¢		aitionai iocatio ransit	ons where you store	covered autos						
	ASIS - REPO	RTING (Quar		Nonreporting (Indicate dicated below by "X")		<b>,</b> ''⊠'')	_,41	4.40.00		
You look you distant all YC	tu must rep cation ident urself, you splayed or a service ve OUR REPOR QUARTI must be third mo MONTH last bus emiums wi Il add the n	ort to us on o tified as locati executives, y stored at locathicles.  TING BASIS I ERLY You must given to us booth coming w LY You must giness day of till be calculate nonthly premins shown abo	ur form the locations on no. 1, you must in our employees or fations other than thoses.  S:  It give us your first roy the fifteenth of every the fifteenth of every thin the policy period give us your reports the preceding month do pro rata of the annums or the quarterly ye will be credited a	s of your covered "auto nelude the total value o mily members and othe e stated in <b>ITEM THREE</b> eport by the fifteenth of ery third month. Your re od. by the fifteenth of ever	s" and their total valu f all covered "autos" y er non- employees, an E. For your main sales f the fourth month afte ports must contain th y month. Your reports posures contained in ne your final premium	you have for discovered location year the policies values for swill contains and report the policies will contains and report the policies will contains and report the policies will contain the policies will be contained to the policies of the policies will be contained to the policies of	urnished or m "autos" that ou must inclu y begins. You or the last bus in the total va t. At the end	are temporarily de the total value of ur subsequent reports siness day of every alues you had on the of each policy year we		
			terest may appear to					···-		

# **POLICY FORMS AND ENDORSEMENTS**

This section lists all the Forms and Endorsements that make up the Commercial Business Auto coverage part of your policy. Refer to these documents for detailed information concerning your coverage.

**FORM NUMBER** 

**TITLE** 

Named Insured

Agent

# ITEM SEVEN: COVERED VEHICLES AND PREMIUM DETAIL

			VIN:			
Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
	DESCRIPTION				•	PREMIUM

			Total Prem	ium		·
	·*····································		VIN:			
Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
	DESCRIPTION					PREMIUM

**Total Premium** 

To report a claim, call your Agent or 1-800-366-6446

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	Coverage Is Provided In:	
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio  Motor Carrier Policy Declarations	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location Entity  Renewal of Policy No.
Named Insured & Mailin	g Address	Agent Mailing Address & Phone No.
This policy provides only coverages will apply on for a particular coverage	y those coverages where a charge is s ly to those "autos" shown as covered	hown in the premium column below. Each of these d "autos". "Autos" are shown as covered "autos" symbols from the COVERED AUTO Section of the
	Form CA 00 20 for Covered Auto Sym	
COVERAGES	LIMIT	PREMIUM
Liability		
	Covered Au	to Symbol(s)
	Covered Au	to Symbol(s)
	Covered Au	to Symbol(s)

COVERAGES	LIMIT	PREMIUM
Personal Injury Protection		
Added Personal Injury Protection		
Added Personal Injury Protection		
	Covered Auto Symbol(s)	
TRAILER INTERCHANGE		
Comprehensive		
Specified Causes of Loss		
Collision		
	Covered Auto Symbol(s)	
Comprehensive		10-10-10-10-10-10-10-10-10-10-10-10-10-1
Specified Causes of Loss		
Collision		
	Covered Auto Symbol(s)	
Towing & Labor Cost		
	Covered Auto Symbol(s)	
Miscellaneous Coverages		
	Covered Auto Symbol(s)	
Other Charges	Covered Auto Symbol(s)	
-		
Certified Acts of Terrorism	Total Provinienal Charges	
	Total Provisional Charges:	Note: This is not a bill

#### **ITEM FOUR - HIRED AUTO COVERAGE**

State	Estimated Cost of Hire for each state	Rate Per Each \$100 Cost of Hire	n Factor (If Liab. Cov is primary)	Premium
<b>Liability</b> (Autos not used in your Motor Carrier Operations)				
	Estima Cost o	ated Annual f Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
<b>Liability</b> (Autos used in your Motor Carrier Operations)				
Comprehensive  Actual Cash Value or Cost of Repairs, minus \$ Ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.				
Collision  Actual Cash Value or Cost of Repairs, minus \$ Ded. for each covered auto.				
Specified Cause of Loss  Actual Cash Value or Cost of Repairs minus \$25 for each covered auto for loss caused by mischief or vandalism.				

#### Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein.
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver or lessor or an employee of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e. repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

## **ITEM FIVE - NON-OWNERSHP LIABILITY COVERAGE**

**Number of Employees** 

**Number of Partners** 

### **ITEM SIX - TRAILER INTERCHANGE COVERAGE**

**Daily Rate** 

Estimated Premium

Comprehensive

**Specified Causes of Loss** 

Collision

**Total Premium** 

#### ITEM SEVEN - SCHEDULE FOR GROSS RECEIPTS - LIABILITY INSURANCE

**Estimated Yearly:** 

**Gross Receipts** 

Rates:

Per \$100 of Gross Receipts

**Liability Insurance Premiums** 

**Auto Medical Payments Premiums** 

**Total Premium** 

#### Mimimum Premium

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from the renting equipment, with or without drivers, to anyone who is not a "motor carrier" and 15% of the total amount received from renting any equipment to any "motor carrier". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

## POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements that make up the Commercial Business Auto coverage part of your policy. Refer to these documents for detailed information concerning your coverage.

**FORM NUMBER** 

TITLE

Named Insured

Agent

## **ITEM THREE: COVERED VEHICLES AND PREMIUM DETAIL**

	VIN:								
Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE			
	DESCRIPTION					PREMIUM			

			Total Prem	nium		
			VIN:			
Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
	DESCRIPTION					PREMIUM

Total Premium

	Coverage Is Provided	••••	
			POLICY NUMBER
4.D.I.O.I.O.O.O.	9450 Seward Road, Fa	airfield, Ohio 45014	
ARIOUS LOGOS			Policy Period:
			From To 12:01 a.m. Standard Time
			at Insured Mailing Location
	Garage (Deale	ers)	Entity
	Policy Declara		,
	. oney Decidio		Renewal of Policy No.
Named Insured & Ma	ailing Address		Agent Mailing Address & Phone No.
Named Insured's Bus	siness: CHEDULE OF COVERA	GES AND COVER	ED AUTOS
coverages will apply	only to those "autos" shown rage by the entry of one or m	n as covered "autos". "A nore of the symbols fro	premium column below. Each of these Autos" are shown as covered "autos" m the COVERED AUTO Section of the
	rm next to the name of the cov	verage.	
Garage Coverage For			ons
Garage Coverage For	rm next to the name of the cov ge Form CA 00 05 for Covered LIMIT		ons PREMIUM
Garage Coverage For *See Garage Coverage	ge Form CA 00 05 for Covered		
*See Garage Coverage COVERAGES Liability	ge Form CA 00 05 for Covered  LIMIT  ACV MEANS ACTUAL CASH	Auto Symbol Description	
*See Garage Coverage COVERAGES Liability	ge Form CA 00 05 for Covered  LIMIT  ACV MEANS ACTUAL CASH ach "Accident"	Auto Symbol Description  I VALUE Aggregate-	PREMIUM
*See Garage Coverage COVERAGES Liability  Ea	ge Form CA 00 05 for Covered  LIMIT  ACV MEANS ACTUAL CASH ach "Accident" trage Operations"	Auto Symbol Description  H VALUE Aggregate- "Garage Operations	PREMIUM
*See Garage Coverage  *COVERAGES Liability  Earling  "Garage Coverage  Liability	ge Form CA 00 05 for Covered  LIMIT  ACV MEANS ACTUAL CASH ach "Accident" trage Operations" Other Than	Auto Symbol Description  H VALUE  Aggregate- "Garage Operation: Other Than	PREMIUM
*See Garage Coverage  *COVERAGES Liability  Earling  "Garage Coverage  Liability  Coverage For	ge Form CA 00 05 for Covered  LIMIT  ACV MEANS ACTUAL CASH ach "Accident" trage Operations" Other Than "Auto" Only	Auto Symbol Description  H VALUE  Aggregate-  "Garage Operation Other Than  "Auto" Only	PREMIUM
*See Garage Coverage  *COVERAGES Liability  Earling  "Garage Coverage  Liability	ge Form CA 00 05 for Covered  LIMIT  ACV MEANS ACTUAL CASH ach "Accident" trage Operations" Other Than	Auto Symbol Description  H VALUE  Aggregate- "Garage Operation: Other Than	PREMIUM
*See Garage Coverage  *COVERAGES Liability  Earling  "Garage Coverage  Liability  Coverage For	ge Form CA 00 05 for Covered  LIMIT  ACV MEANS ACTUAL CASH ach "Accident" trage Operations" Other Than "Auto" Only \$	Auto Symbol Description  H VALUE  Aggregate-  "Garage Operation Other Than  "Auto" Only	PREMI

To report a claim, call your Agent or 1-800-366-6446

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Covered Auto Symbol(s)

## ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS - continued **COVERAGES** LIMIT **PREMIUM Personal Injury Protection Added Personal Injury Protection** Covered Auto Symbol(s) **GARAGE KEEPERS** Comprehensive **Specified Causes of Loss** Collision Covered Auto Symbol(s) PHYSICAL DAMAGE Comprehensive **Specified Causes of Loss** Collision Covered Auto Symbol(s) **Towing & Labor Cost** Covered Auto Symbol(s) Miscellaneous Coverages Covered Auto Symbol(s) **Other Charges Certified Acts of Terrorism** Total Provisional Charges: Note: This is not a bill

#### **AUTO DEALERS**

### **ITEM THREE - LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS**

Location No.

## Address state your main business location as Location No. 1

Territory

#### **ITEM FOUR - LIABILITY COVERAGE - PREMIUMS**

Location No.	Classes of Operations	Rating Factor	Number of Persons	Rating Units	Total Rating Units	Liability Premium	Personal Injury Protection Premium	Property Protection Premium
	Class I - Employees Regular Operators							
1	Class I - Employees All Others							
	Class II - Non-Employees Under Age 25							
	Class II - Non-Employees Age 25 or Over							
	Class I - Employees Regular Operators		<u> </u>					
2	Class I - Employees All Others							
	Class II - Non-Employees Under Age 25							
	Class II - Non-Employees Age 25 or Over							
	Class I - Employees Regular Operators							
3	Class I - Employees All Others							
	Class II - Non-Employees Under Age 25							
	Class II - Non-Employees Age 25 or Over							

#### **Definitions:**

#### Class I - Employees

Regular Operator -

Proprietors, partners and officers active in the "garage operations," salespersons, general managers, service managers; any employee whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto."

All Others - All other employees

NOTE:

- 1. Part-time employees working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
- 2. Part-time employees working an average of less than 20 hours or more a week for the number of weeks worked are to be counted as 1/2 rating unit each.

#### Class II - Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

#### ITEM FIVE - LIABILITY COVERAGE FOR YOUR CUSTOMERS.

In accordance with paragraph a.(2)(d) of WHO IS INSURED under SECTION II - LIABILITY COVERAGE, Liability coverage for your customers is limited unless indicated below by "\(\sigma\)".

If this box is checked, paragraph a.(2)(d) of WHO IS INSURED under SECTION II - LIABILITY COVERAGE does not apply.

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#### ITEM SIX - GARAGEKEEPERS COVERAGES AND PREMIUMS

Location No.	Comprehensive	\$ FOR LOS OR \$	MINUS \$ SS CAUSED BY THE MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO EFT OR MISCHIEF OR VANDALISM; DEDUCTIBLE FOR ALL PERILS SUBJECT TO	
	Specified Causes Of Loss	\$	*	DUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO.	
Location No.	Comprehensive	\$ FOR LO	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO	
140.		OR\$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO	
	Specified Causes Of Loss	\$	+	DUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO.	
Location No.	Comprehensive	\$ FOR LO	MINUS \$ SS CAUSED BY THE	DEDUCTIBLE FOR EACH COVERED AUTO	
		OR\$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO	
	Specified Causes Of Loss	\$	MAXIMUM DEI	DUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO.	

#### **Total Premium**

#### PREMIUM FOR ALL LOCATIONS

Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$

#### **DIRECT COVERAGE OPTIONS**

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

EXCE	SS INS	URANCE
------	--------	--------

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

#### PRIMARY INSURANCE

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.

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## ITEM SEVEN - SCHEDULE FOR DEALERS PHYSICAL DAMAGE

PHYSICAL DAMAGE INSURANCE - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - PREMIUMS - REPORTING OR NONREPORTING BASES.

Each of the following PHYSICAL DAMAGE COVERAGE coverages that is indicated in **ITEM TWO** applies only to the types of "autos" and interests indicated below by " ".

Coverages Types of autos Interests covered											
		New "Autos'	Used "autos" and Demonstrators	Your interest in cov- ered "autos" you own	Your interest and the financed covered "autos"	Your interest and the interest of any credito named as a loss payee	1				
Comprehensi	ve										
Spec'd Cause	Spec'd Causes of Loss										
Collision											
Location No.	Co	overages		Rates_	Premium						
	Compreh Specified of Loss	nensive	COVERED AUTO VANDALISM: 0 ALL PERILS SUI	FOR LOSS CAUSED E	DEDUCTIBLE AXIMUM DEDUCTIBLE	FOR					
	Compreh		\$ MI COVERED AUTO VANDALISM: O	INUS \$ DEC D FOR LOSS CAUSED E R \$ MINUS \$	DUCTIBLE FOR EACH BY THEFT OR MISCHIE DEDUCTIBLE	FOR					
	Specified of Loss	d Causes	ALL PERILS SUI FOR ALL SUCH	BJECT TO \$ IV LOSS IN ANY ONE EVI	IAXIMUM DEDUCTIBI ENT.	-E					
	Compreh		\$ M COVERED AUTO VANDALISM: 0	INUS \$ DEC D FOR LOSS CAUSED E R \$ MINUS \$	DUCTIBLE FOR EACH BY THEFT OR MISCHIE DEDUCTIBLI	FOR					
	Specified of Loss	d Causes		ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.							
	01 2033		\$ MINU	•	BLE FOR EACH COVE	RED AUTO					
			E	BLANKET ANNUAL COLLISION RATES Adjustment							
All	Collision		First \$50,000				Premium				
	<u> </u>										
				those stated in ITEM T	HREE	TOTAL PREMIUM	<u> </u>				
\$ \$		ditional locati ransit	ons where you store	covered "autos"							
PREMIUM BA  RE Yo loc yo' dis all YO  Pre wil tot NC	u must repeation ident urself, you played or service velour REPOR QUARTE must be third mo MONTH last busiemiums will add the nal premium DNREPORT	PRTING (Quarte ort to us on control as locat executives, yestored at local hicles.  TING BASIS (ERLY You mugiven to us booth coming values) and to the control and the control are shown about BASIS (ING BASIS States).	erly or Monthly as ind our form the locations ion no. 1, you must in your employees or fartions other than those its:  IS:  IS give us your first reply the fifteenth of every the fifteenth of every within the policy period give us your reports the preceding month. The programmed in the annulums or the quarterly ove will be credited agreed limit of liability seconds.	ry third month. Your red.  d.  y the fifteenth of every  ual premium for the experiment the experiment of the experiment of the experiment of the final premium above applies.	s" and their total value all covered "autos" yer non- employees, and For your main sales the fourth month after ports must contain they month. Your reports posures contained in eey your final premium	e at each such location ou have furnished or a dovered "autos" tha location you must include the policy begins. You will contain the total weach report. At the ence	nade available to t are temporarily ude the total value of ur subsequent reports siness day of every values you had on the				
Loss Payee -	Any loss is	payable as ir	nterest may appear to	you and:							

To report a claim, call your Agent or 1-800-366-6446

DS 70 58 01 08 Page 5 of 8

NAMED INSURED: POLICY NUMBER:

#### **ITEM EIGHT - MEDICAL PAYMENTS COVERAGE**

Premium

#### **Auto Medical Payments Only**

Auto Medical Payments Premium equals % of the Liability Premium

Premises and Operations Medical Payments (Does not apply to bodily injury caused by any auto)

Premises and Operations Medical Payments equals % of the Liability Premium

#### **Premises and Operations and Auto Medical Payments**

Premises and Operations and Auto Medical Payments Premium equals % of the Liability Premium

## **ITEM NINE - SCHEDULE FOR DEALERS COVERED AUTOS FURNISHED TO OTHERS**

SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS

No.	Year, Trade Name, Model, Body Style	V.I.N.	Serial Number	Original Cost New	Class	Rating Terr.	Zip Code where the Covered Auto will be principally garaged

DS 70 58 01 08 Page 6 of 8

## ITEM NINE - SCHEDULE FOR DEALERS COVERED AUTOS FURNISHED TO OTHERS (CONTINUED)

Coverage is provided where a premium and a limit of liability is shown for the coverage.

	Liability	Med Pay	a.		a.		Collision			a. U.M.	
	Limit	Limit	PIP		Specified					Limit	
					Cause of	ACV					-
	\$	\$		ACV	Loss	minus				b. U.I.M.	
			b. Added	or		ded.				Limit (if	l
10.	Each Accident	Each Insured	PIP	Stated Amount	b. Comp- rehensive	shown below				not incl. with U.M.)	Total Premium
	Premium	Premium	Premium		Premium		Premium	Premium	Premium	Premium	
			a		a					a	_
			b.		b.					b.	ļ
			a		_a					_a	_
			b.		b.		<del> </del>			b	ļ
			a		_a					_a	-
			b		b.		<del> </del>			b.	ļ
			a		_a					a	-
			b.		b.		1			b	<u> </u>
			a		a					a	1
			b.	A - T-	b				<u>.</u>	b.	<u> </u>
			a		a					a	-
	<u></u>		b.		b				<u> </u>	b.	<u> </u>

TOTAL PREMIUM

Covered Auto No.	Person or organization to which the Covered "Auto" has been furnished. (Do not include Covered "Autos" which have been furnished to Class I or Class II operators)							
	-			±				

# ITEM TEN - LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY

NUMBER OF DRIVER TRIPS	RATE	PREMIUM
51-200 Miles		\$
Over 200 Miles		\$
	TOTAL	\$

## **POLICY FORMS AND ENDORSEMENTS**

This section lists all the Forms and Endorsements that make up the Commercial Business Auto coverage part of your policy. Refer to these documents for detailed information concerning your coverage.

**FORM NUMBER** 

TITLE

DS 70 58 01 08 Page 8 of 8

	Coverage Is Provided In:	POLICY NUMBER:
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:
VARIOUS LUGUS		From To
	Common Policy Declarations	12:01 a.m. Standard Time at Insured Mailing Location
Named Insured & Mailing A	ddress Agent Ma	ailing Address & Phone No.
Named Insured Is:		
Named Insured Business Is	:	
In return for the payment of provide the insurance as st	the premium, and subject to all the terms of thated in this policy.	is policy, we agree with you to
SUMMARY OF COVER	AGE PARTS AND CHARGES	
Parts (which consist of covera	ommon Policy Declarations page, Common Policy (age forms and other applicable forms and endorse) other forms and endorsements issued to be part of	ments, if any, issued to
COVERAGE PART	CHARGE	:S
*C	Total Charges for all of the above coverage ertified Acts of Terrorism Coverage	e parts: * (Included)
		Note: This is not a bill
IMPORTANT MESSAG	ES	
	-	Authorized Depresentative
	•	Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

	Coverage Is Provided In:	POLICY NUMBER:
VARIOUS LOCOS	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:
VARIOUS LOGOS	, ,	From To
	Business Automobile Policy Declarations	12:01 a.m. Standard Time at Insured Mailing Location
Named Insured & Mailing A	ddress Agent N	lailing Address & Phone No.
ITEM TWO: SCHEDULE	E OF COVERAGES AND COVERED AU	гos
coverages will apply only to t	se coverages where a charge is shown in the pren hose "autos" shown as covered "autos". "Autos" a stry of one or more of the symbols from the COVE the name of the coverage.	are shown as covered "autos" for a
COVERAGES	LIMIT	PREMIUM
		Total Provisional Charges:  Note: This is not a bill
SUMMARY OF COVER		_

•		Coverage Is Provided In:			POLICY NUMBER:				
VARI	OUS LOGOS	9450 Seward Road	, Fairfield, Ohio 45	014		y Period	:		
27		Business Autor Policy Declarati				n 1 a.m. S sured Ma			
Named Insi	ured & Mailing Add	Iress	Ą	gent Mailing A	ddres	s & Pho	ne No.		
ITEM THE	REE: COVERED	VEHICLES AND	PREMIUM DET	AIL					
Rating Factors	CLASS	SYM/COST	TERRITORY	RISK STATE		RATING	S ZIP		
	DESCRIPTION							PR	ЕМІИМ
			Tota	l Premium					

	Coverage Is Provided In:	POLICY NUMBER:
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:  From To
	Commercial General Liability Declarations	12:01 a.m. Standard Time at Insured Mailing Location
	Basis:	
Named Insured	Age	nt

## **SUMMARY OF CLASSIFICATIONS - BY LOCATION**

Commercial	DESCRIPTION	LIMIT	
General Liability	Each Occurrence Limit		
Limits of	Damage To Premises Rented To You Limit (Any One Premises)		
Insurance	Medical Expense Limit (Any One Person)		
	Personal and Advertising Injury Limit		
	General Aggregate Limit (Other than Products - Completed Operations)		
	Products - Completed Operations Aggregate Limit		
Explanation of	DESCRIPTION	PREMIUM	
Charges	General Liability Schedule Totals		
	Certified Acts of Terrorism Coverage		

Total Provisional Charges:

Note: This is not a bill

	Coverage Is	s Provided In:		POLICY NUMBER	<b>:</b> :
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014		14	Policy Period:	
VARIOUS LOGOS				From	То
	Declaration	ons Schedule		12:01 a.m. Standa at Insured Mailing	
Named Insured			Agent		
SUMMARY OF CLAS	SSIFICATION	NS - BY LOCATION			
Insured:					
CLASSIFICATION	-				
COVERAGE DES	CRIPTION	PREMIUM BASED ON-			PREMIUM
CLASSIFICATION					
COVERAGE DES	CRIPTION	PREMIUM BASED ON-			PREMIUM
				Total:	

VARIOUS LOGOS		Provided In:  Road, Fairfield, Ohions Schedule	o 45014	POLICY NUMBER  Policy Period:  From  12:01 a.m. Standa at Insured Mailing	To Time
Named Insured			Agent		
Insured: CLASSIFICATION -		PREMIUM BASED	ON-		PREMIUM
CLASSIFICATION -	-				
COVERAGE DESC		PREMIUM BASED	ON-		PREMIUM
COVERAGE DESC		<del>-</del>			PREMIUM

Commercial General Liability Schedule Total:

VARIOUS L	ogos	Liquor Liability			To Time cation
Named Insured		Basis:	Agent		
SUMMARY O	F LIMIT	S AND CHARGES			
Liquor Liability Limits of Insurance	DESCR Each C	ommon Cause Limit ate Limit			LIMIT
Explanation of Charges		IPTION Liability Schedule Totals			PREMIUM
	<u> </u>	Liability Ochledale Foldis			

Total Provisional Charges:

Note: This is not a bill

**Certified Acts of Terrorism Coverage** 

				Policy Period:				
VARIOUS LOGOS		9450 Seward Road, Fairfield, Ohio	o 45014		o			
		Railroad Protective Liability Declaration	•	12:01 a.m. Standard Ti	me			
				at Insured Mailing Loca	uon			
		Basis: Occurrence	_					
Named Insured			Agent					
SUMMARY O	F LIMITS	S AND CHARGES						
Railroad	DESCRI	PTION			LIMIT			
Protective Liability	Each Oc	ccurrence Limit						
Limits of	Aggrega	ate Limit						
Insurance								
Explanation of	DESCRI	PTION			PREMIUM			
Charges	Railroad Protective Liability Schedule Totals							
	Certified	d Acts of Terrorism Coverage						
			Total Provisional Ch	arnos:				
			Total Trovisional on	Note: This is not a	hill			
OLIMANA DV. O		AA TIONIO		Note: This is not a	DIII			
SUMMARY O								
Name and Addr	ess of De	esignated Contractor:						
December of W		- Doufoussed						
Description of V	VORK TO D	е гепогтеа:						

**Coverage Is Provided In:** 

POLICY NUMBER:

To report a claim, call your Agent or 1-800-366-6446 CG 81 04 01 08

	9450 Soward Poad Fairfield Obje 45044			Policy Period:			
VARIOUS L				om	То		
		Products/ Completed Operation Liability			tandard Time		
		Declarations			ailing Location		
		Basis:					
Named Insured		Ager	nt				
SUMMARY O  Products/ Completed		S AND CHARGES			LIMIT		
Operaton	Each O	occurrence Limit					
Liability Limits of Insurance	Aggreg	gate Limit					
Explanation of	DESCR	RIPTION			PREMIUM		
Charges	Produc	ts/Completed Operation Liability Schedule Tot	als				

**Coverage Is Provided In:** 

**Certified Acts of Terrorism Coverage** 

Total Provisional Charges:

Note: This is not a bill

POLICY NUMBER:

VARIOUS LOGOS	Coverage Is Provided In:	POLICY NUMBER:
	9450 Seward Road, Fairfield, Ohio 45014 Employers' Stop Gap Liability Declarations	Policy Period:  From  12:01 a.m. Standard Time at Insured Mailing Location
	Basis: Occurrence	
Named Insured	Agen	ıt

## **SUMMARY OF LIMITS AND CHARGES**

Employee Stop Gap Liability	DESCRIPTION	LIMIT
	Bodily Injury by Accident Limit - each Accident	
Limits of	Bodily Injury by Disease Limit - each Employee	
Insurance	Bodily Injury by Disease Limit - Aggregate	
Explanation of Charges	DESCRIPTION	PREMIUM
	Employee Stop Gap Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

VARIOUS L	9450 Seward Road, Fairfie Employee Benefits Lia Declarations Basis: Claims-Made Retroactive Date:	ability Fro	To  To  Of a.m. Standard Time  Insured Mailing Location
Named Insured		Agent	
	F LIMITS AND CHARGES		
Employee Benefits	DESCRIPTION		LIMIT
Liability	Each Employee Limit		
Limits of	Aggregate Limit		
Insurance	Deductible		
Explanation of	DESCRIPTION		PREMIUM

Coverage Is Provided In:

**Employee Benefits Liability Schedule Totals** 

**Certified Acts of Terrorism Coverage** 

Total Provisional Charges:

Note: This is not a bill

POLICY NUMBER:

Charges

		Coverage Is Provided In:		POLICY NUMBER:	
VARIOUS LOGOS		9450 Seward Road, Fairfield, C	 )hio 45014	Policy Period:	
		, , , , , , , , , , , , , , , , , , , ,		From To	
				12:01 a.m. Standard Time	
				at Insured Mailing Location	
Named Insured		Basis: Occurrence	Amont		
Nameu insureu			Agent		
SUMMARY O	F LIMIT	S AND CHARGES			
Owners and	DESCR	IPTION			LIMIT
Contractors Protective	Each O	ccurrence Limit			
Liability	-	ate Limit			
Limits of Insurance					
Explanation of	DESCR	IPTION			PREMIUM
Charges					
	Certifie	d Acts of Terrorism Coverage			
				_	
			Total Provisional Cl		
				Note: This is not a bill	
SUMMARY O					
Name and Addr	ess of D	esignated Contractor:			
Description of M	Vork to h	oo Borformod:			
Description of V	VOIR LO L	oe i enomieu.			

To report a claim, call your Agent or 1-800-366-6446 DS 81 00 01 08

	9450 Seward Road, Fairfield, Ohio 45014		
_		Policy Number:	
		Policy Period:	
	Custom HomeBuilders Common Policy Declarations	12:01 a.m. Standard Tin at Insured Mailing Loca	
Named Insured & M	ailing Address Ag	ent Mailing Address & Phone No.	
Named Insured Is:			
Named Insured Busine	ss ls:		
In return for the payme provide the insurance	nt of the premium, and subject to all the terms as stated in this policy.	of this policy, we agree with you to	
	OVERAGE PARTS AND CHARGES	S	
Parts (which consist of c	is Comon Policy Declarations page, Common Polic overage forms and other applicable forms and end any other forms and endorsements issued to be pa	orsements, if any, issued to	_
COVERAGE PART		CHARGES	
Commercial General Li	ability		
	Total Charges for all of the		*(Included)
	*Certified Acts of Terrorism Cove	erage	
		Note: This is no	t a bill
	SAGES		
	*Certified Acts of Terrorism Cove	erage	

Agency Code:

DS 81 07 01 08 Page 1 of 5

To report a claim, call your Agent or 1-800-366-4664

**Authorized Representative** 

		Agency Code:
Various Logos	9450 Seward Road, Fairfield, Ohio 45014	Policy Number
		Policy Period:

nber:

**Custom HomeBuilders Common Policy Declarations**  12:01 a.m. Standard Time at Insured Mailing Location

Named Insured	Agent
COMMON POLICY FORMS	AND ENDORSEMENTS
This section lists the Forms and End	lorsements that are common to one or more poarts of your policy.
Refer to these documents for detaile	d information concerning your coverage.
Form Number	Title

In witness whereof, we have caused this policy to be signed by our authorized officers.

Servicing Office and Issue Date

To report a claim, call your Agent or 1-800-366-4664

DS 81 07 01 08 Page 2 of 5

Various Logos	Agency Code:	_
	9450 Seward Road, Fairfield, Ohio 45014	Policy Number:
		Policy Period:
	Custom HomeBuilders	12:01 a.m. Standard Time
	Common Policy Declarations	at Insured Mailing Location

**Named Insured** Agent

COMMON POLICY FORMS AND ENDORSEMENTS - COUNTINUED

This section lists the Forms and Endorsements that are common to one or more poarts of your policy. Refer to these documents for detailed information concerning your coverage.

**Form Number** 

Title

**Servicing Office** and Issue Date

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Various Logos	
various Logos	9450 Seward Road, Fairfield, Ohio 45014

Agency Code:

**Policy Number:** 

Policy Period:

**Custom HomeBuilders Common Policy Declarations** 

12:01 a.m. Standard Time at Insured Mailing Location

Named Insured

Agent

#### **SUMMARY OF LIMITS AND CHARGES**

Commercial
General Liability
Limits of
Insurance

Each Occurrence Limit

**DESCRIPTION** 

Damage to Premises Rented to You Limit (Any One Premises)

Medical Expense Limit (Any One Person)
Personal and Advertising Injury Limit

**General Aggregate Limit (Other than Products - Completed Operations)** 

**Products - Completed Operations Aggregate** 

**Deductible Per Claim Property Damage Liability Deductible** 

Explanation of Charges

**DESCRIPTION** 

PREMIUM

LIMIT

**General Liability Schedule Totals** 

**Certified Acts of Terrorism Coverage** 

**Total Provisional Charges:** 

Note: This is not a bill

#### SUMMARY OF LOCATIONS YOU OWN, RENT, OR OCCUPY

Location 1

Location 2

Location 3

Location 4

Servicing Office and Issue Date

Various Logos

9450 Seward Road, Fairfield, Ohio 45014

Agency Code:

**Policy Number:** 

**Policy Period:** 

Custom HomeBuilders
Common Policy Declarations

12:01 a.m. Standard Time at Insured Mailing Location

**Named Insured** 

Agent

#### **LOCATION 1:**

#### **SUMMARY OF CLASSIFICATIONS - BY LOCATION**

COVERAGE DESCRIPTION PREMIUM BASED ON - Payroll 1000 PREMIUM

88036 CHBP - Direct Payroll

Premises/Operations

**Products/Completed Operations** 

88037 CHBP - Executive Supervisor

**Premises/Operations** 

**Products/Completed Operations** 

88038 CHBP - Inadequately Insured Subcontractors

**Premises/Operations** 

**Products/Completed Operations** 

COVERAGE DESCRIPTION PREMIUM BASED ON - Total Cost 1000 PREMIUM

88039 CHBP - Adequately Insured Subcontractors
Premises/Operations
Products/Completed Operations

COVERAGE DESCRIPTION PREMIUM BASED ON - Each Home/Acre PREMIUM

88041 CHBP - Homes Premises/Operations 88042 CHBP - Land

**Premises/Operations** 

Servicing Office and Issue Date

To report a claim, call your Agent or 1-800-366-4664

DS 81 07 01 08

Page 5 of 5

		Coverage Is Provided In:		POLIC	CY NUMBER:	
VARIOUS LO	ogos	9450 Seward Road, Fairfield, Or	nio 45014	Policy	Period:	
VARIOUS EX		Printers Errors And Omiss Declarations Basis: Occurrence	sions Liability		a.m. Standard ured Mailing L	
Named Insured			Agent			
SUMMARY O	F LIMIT	S AND CHARGES				
Printers	DESCR	IPTION				LIMIT
Errors And Omissions	Each C	laim Limit				
Liability Limits of	Aggreg	ate Limit				
Insurance						
Explanation of	DESCR	RIPTION				PREMIUM
Charges	Printers	s Errors And Omissions Liability S	Schedule Totals			
	Certifie	d Acts of Terrorism Coverage				

Total Provisional Charges:

Note: This is not a bill

	Coverage Is Provided In:		POLICY NUM	IBER:
VARIOUS LOGOS	9450 Seward Road, Fairfield, O	hio 45014	Policy Period:	То
	Declarations Schedule		12:01 a.m. St. at Insured Ma	andard Time
Named Insured		Agent		
SUMMARY OF CLAS	SSIFICATIONS - BY LOCATIONS	ON		
Insured:				
CLASSIFICATION	-			
COVERAGE DESC	CRIPTION PREMIUM BAS	ED ON-		PREMIUM

DS 70 36 01 08 Page 1 of 1

Total:

VARIOUS LOC	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:	Policy Period:			
VARIOUS EUGOS	Contractors E & O	From	То			
	Declarations	12:01 a.m. St				
	Basis: Claims-Made	at Insured Ma	iling Location			
	Retroactive Date:					
Named Insured	Ager	nt				
SUMMARY OF	LIMITS AND CHARGES					
_	DESCRIPTION		LIMIT			
E & O Liability <u>F</u>	Per Claim Limit					
_	Aggregate Limit					
Insurance F	Naduatible Applicable to Each Claim					

**Coverage Is Provided In:** 

**Deductible Applicable to Each Claim** 

**Certified Acts of Terrorism Coverage** 

**Contractors E & O Liability Schedule Totals** 

**Explanation of DESCRIPTION** 

Charges

Total Provisional Charges:

Note: This is not a bill

POLICY NUMBER:

**PREMIUM** 

VARIOUS LOGOS  Named Insured	Coverage Is Provided In:  9450 Seward Road, Fairfield, Ohio 45014  Commercial Inland Marine Declarations  Agent	POLICY NUMBER  Policy Period:  From  To  12:01 a.m. Standard Time at Insured Mailing Location
SUMMARY OF Ch	HARGES  DESCRIPTION	PREMIUM
Inland Marine Coverage Totals		
Explanation of Charges	DESCRIPTION	al Provisional Charges:

Note: This is not a bill

VARIOUS LOGOS	Coverage Is Provided In:		POLICY NUMBER	
	9450 Seward Road, Fairfield, Ohio 450	14	Policy Period:	
Commercial Inland Marine Supplemental Declarations Schedule			From 12:01 a.m. Standa at Insured Mailing	
Named Insured		Agent		
SUMMARY OF CO	VERAGES			
Schedule of DI	ESCRIPTION			Limit of Insurance

	Coverage is Provided in:	POLICY NUMBER
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014 Commercial Inland Marine Declarations Schedule Accounts Receivable Coverage	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location
Named Insured	Agent	
SUMMARY OF C  nsurance applies only fowhen entries are made ir	r coverages for which a limit of insurance is shown. Option	onal coverages apply only
		Limit of Insurance
Accounts Receivable Coverage Applicable	Address  Receptacle Type	Limit of insurance
At Your Premises	Noophuole Type	Premium
Accounts Receivable	Address	Limit of Insurance
Coverage Applicable At Your Premises	Receptacle Type	

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Premium

	Coverage Is Provided In:	POLICY NUMBER
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014 Commercial Inland Marine Declarations Schedule Accounts Receivable Coverage	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location
Named Insured	Agent	

SUMMARY	Y OF COVERAGES - continued	
Accounts Receivable	Address	Limit of Insurance
Coverage Applicable Away From Your Premises	Address	Limit of Insurance
Accounts Receivable	Percentage of Duplicated Records  Duplicate Records Address	
Duplicate Records	<u> </u>	
Accounts	Nonreporting	
Receivable	Rate	
Rates And Premiums	Premium	
Fieliliullis	Reporting	
	Deposit Premium	
	Minimum Annual Premium	
	Reporting Period	

Total Coverage Premium

Rates

Premium Adjustment Period

	Coverage Is Provided In:	POLICY NUMBER
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014 Commercial Inland Marine Declarations Schedule Camera And Musical Instrument Dealers	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location
Named Insured	Agen	t

# **SUMMARY OF COVERAGES**

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

Camera And Musical Instrument Dealers

Description

**Limit of Insurance** 

**Property At Your Premises** 

We cover only at the following described premises:

**Premises Address** 

Property Away From Your Premises In The Care, Custody Or Control Of Your Or Your Employees

**Property In Transit** 

Property not At Your Premises And Not Included Above

**All Covered Property At All Locations** 

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VARIOUS LOGOS	Coverage Is Provided In:	POLICY NUMBER
	9450 Seward Road, Fairfield, Ohio 45014 Commercial Inland Marine Declarations Schedule Camera And Musical Instrument Dealers	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location
Named Insured	Agent	
SUMMA DV OF C	OVERACES continued	

# SUMMARY OF COVERAGES - continued

And	Description Non-removing Bate		
Musical Instrument Dealers	Non-reporting Rate  Premium		
	Reporting Provisions		
Rates	Deposit Premium		
And	Minimum Annual Premium		
Premium	Reporting Period		
	Premium Adjustment Period		
	Premium Base		
	Rates		
Camera And Musical Instrument Dealers	Description	Limit of Insurance	
	Premises Address		
Non-Reporting	Formitians Filteres and Office Openition		
Additionally	Furniture, Fixtures and Office Supplies		
Covered Property	Machinery, Tools and Fittings		
	Patterns, Dies, Molds and Models		
	Improvements and Betterments		
		Occurrence Deductible	

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	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:
VARIOUS LOGOS	s Commercial Inland Marine	From To
	Declarations Schedule	12:01 a.m. Standard Time
	Commercial Articles Coverage	at Insured Mailing Location
Named Insured	Agent	
SUMMARY OF	COVERAGES	
Insurance applies onli	y for coverages for which a limit of insurance is shown. Optio	nal coverages apply only
when entries are mad		
Commercial	Address	
Articles	- Address	
Coverage		
		Limit of the comme
<u>. I</u>	Description	Limit of Insurance
		Premium
		Premium
To report a claim, ca	all your Agent or 1-800-366-6446	

Coverage Is Provided In:

POLICY NUMBER

CM 74 22 01 08 Page 1 of 2

	Coverage Is Provided In:	POLICY NUMBER  Policy Period:
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014 Commercial Inland Marine Declarations Schedule Commercial Articles Coverage	From To  12:01 a.m. Standard Time at Insured Mailing Location
Named Insured	Agent	

# **SUMMARY OF COVERAGES - continued**

Commercial	Address
Articles Coverage	
List Of Property On File Location	
	Total Limit of Insurance
	Occurrence Deductible
	Total Coverage Premium

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	Coverage Is Provided In:	POLICY NUMBER	₹
	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:	
VARIOUS LOGO		From	То
	Declarations Schedule	12:01 a.m. Stand	
		at Insured Mailing	
	Physicians And Surgeons		
Named Insured	Equipment Coverage Age	nt	
SUMMARY OF			
	y for coverages for which a limit of insurance is shown	. Optional coverages apply only	/
· · · · <b>y</b> · · · · · · · · · · · · · · · · · · ·	Address		Limit of Insurance
And Surgeons Coverage			
Property At Your Premises		Premium	
Physicians	Address		Limit of Insurance
And Surgeons Coverage			
Property At Your Premises		Premium	
Physicians And Surgeons Coverage	Address		Limit of Insurance
Property At Your Premises		Premium	

CM 74 30 01 08 Page 1 of 2

	Coverage Is Provided In:	POLICY NUMBER
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014 Commercial Inland Marine Declarations Schedule Physicians and Surgeons Equipment Coverage	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location
Named Insured	Δαent	

# **SUMMARY OF COVERAGES - continued**

Physicians	Description	Limit of Insurance
And Surgeons Coverage	All Covered Property At All Locations	
Blanket Coverage		
Physicians And	Description	Limit of Insurance
Surgeons Coverage	Additional Coverage Extensions Property usually carried by the Insured Artifically Generated Current	
Coverage Options	Scheduled Property	
	Total Limit of Insurance	
	Artificially Generated Current Coverage Occurrence Deductible	
	Other than Artificially Generated Current Coverage Occurrence Deductible	
	Total Coverage Premium	

CM 74 30 01 08 Page 2 of 2

	Coverage Is Provided In:	POLICY NUMBER
	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:
VARIOUS LOGOS	Commercial Inland Marine	From To
	Declarations Schedule	12:01 a.m. Standard Time
	Valuable Papers and	at Insured Mailing Location
	Records Coverage	
Named Insured	Agent	1
SUMMARY OF C	OVERAGES	
	or coverages for which a limit of insurance is shown. Op	tional coverages apply only
Valuable	Address	
Papers And Records		
Scheduled Property	Description	Limit of Insurance
	Receptacle Type	
		Premium
Valuable Papers And Records	Address	
Unscheduled Property	Description	Limit of Insurance
	Receptacle Type	
		Premium

	Coverage Is Provided In:	POLICY NUMBER
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:
	Commercial Inland Marine	From To
		12:01 a.m. Standard Time
	Declarations Schedule	at Insured Mailing Location
	Valuable Papers and	
	Records Coverage	ı
Named Insured	Agent	
SUMMARY OF C	OVERAGES - continued	
Valuable Papers And Records	Address	
Scheduled	Description	Limit of Insurance
Property	200011511011	
	Receptacle Type	
		Premium
Valuable	Address	
Papers And Records		
Unscheduled Property	Description	Limit of Insurance
	Receptacle Type	

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Premium

	Coverage Is Provided In:	POLICY NUMBER
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014 Commercial Inland Marine Declarations Schedule Valuable Papers and Records Coverage	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location
Named Insured	Agent	
SUMMARY OF C	OVERAGES - continued	
Valuable Papers And Records	Away From Premises	Limit of Insurance
		Occurrence Deductible

Total Coverage Premium

CM 74 33 01 08 Page 3 of 3

		Coverage Is Provided In:		POLICY NUMBER	₹		
		9450 Seward Road, Fairfield, Ohio 4	5014	Policy Period:			
VARIOUS LO	ogos	Commercial Inland Marin		From	То		
		Declarations Schedule		12:01 a.m. Standa at Insured Mailing			
		Bailee's Coverage		at moured maining	Location		
Named Insured		Agent					
SUMMARY (	OF COV	ERAGES					
Insurance applies when entries are r		verages for which a limit of insurance is s schedule.	shown. Optional co	overages apply only	,		
Bailee's Coverage	Address	S					
	<u>Descrip</u>	tion			Limit of Insurance		
	In Trans	sit					
				Premium			
Bailee's	Address	<b>S</b>		rremum			
Coverage							
	Descrip	tion			Limit of Insurance		
	In Trans	.;4					
	ın ırans	oil.					
				Premium			

		Coverage Is Provided In	:	POLIC	Y NUMBER	
VARIOUS LOGOS		9450 Seward Road, Fair Commercial Inlar Declarations Sch Bailee's Coverage	nd Marine edule	From 12:01	Period:  To  a.m. Standard Time ured Mailing Location	
Named Insured			Agent			
SUMMARY (	OF CO	VERAGES - continu	ıed			
Bailee's Coverage Reporting Provisions	Estim	rting Period ated Annual Receipts per \$100 of Receipts				
				Total Limit of In	nsurance	
				Occurrence De	eductible	

CM 75 11 01 08 Page 2 of 2

	Coverage Is Provided In:	POLICY NUMBER
	9450 Seward Road, Fairfield, Ohio 4	
VARIOUS LO	Commercial Inland Marine Declarations Schedule Builder's Risk Coverage	Prom To 12:01 a.m. Standard Time at Insured Mailing Location
Named Insured	Danaci S Nisk Goverage	Agent
	F COVERAGES  The standard of t	shown. Optional coverages apply only
Builder's	Address	Provisional Limit of Insurance
Risk Coverage	Address	FTOVISIONAL LIMIT OF INSUIANCE
	only if rates and premiums are shown and if the E 5 21 is attached to the policy.	Builder's Risk Completed Value Reporting
Builder's Risk Coverage	Monthly Rate Per \$100 of Amounts Reported Reporting Period	
Reporting Provisions		Deposit Premium

CM 75 19 01 08 Page 1 of 2

	Coverage is Provided	in:	POLICY NUMBER
	9450 Seward Road, Fa	irfield, Ohio 45014	Policy Period:
VARIOUS LOC	Commercial Inla	nd Marine	From To
	<b>Declarations Sc</b>		12:01 a.m. Standard Time at Insured Mailing Location
	Builder's Risk C	_	
Named Insured		Agent	<u>'</u>
		_	
SUMMARY C	OF COVERAGES - continu	<u>led</u>	
Builder's	Description		
Risk Coverage			
Ontional			
Optional Coverage			
			Premium
Builder's	Description		Limit of Insurance
Risk	Any One Loss or Occurrence		
Coverage- The Most We	Any One Storage Location In Transit		
Will Pay	III ITAIISII		
	Incr	eased Any One Storage Loc	cation Limit Premium
		increased in 1	ransit Limit Premium
		Od	ccurrence Deductible

CM 75 19 01 08 Page 2 of 2

		Coverage Is Pi	rovided In:			POLICY NU	JMBER	
		9450 Seward R	Road. Fairfield.	Ohio 45014		Policy Perio	od:	
VARIOUS	LOGOS	Commerci				From		То
7		Declaratio				12:01 a.m.	Standar	
		Computer			cations	at Insured N	Mailing L	ocation
		Equipmen						
Named Insured				Age	ent			
SUMMARY	OF CO	VERAGES						
	s only for c	overages for which	a limit of insura	ance is show	n. Optional c	coverages app	oly only	
Computer	Addre	SS						
And Tele- Communi- cations Equipment								l imit of locumence
Coverage	<u>Descr</u> i	iption						Limit of Insurance
		rence Deductible down Deductible						
	Dicak	down beddelible						
						Pre	emium	
Extension	Descr	iption					l	Limit of Insurance
of Coverage								
						F	Premiun	n
<del></del>						<del></del>		

Coverage Is Provided In:

Page 1 of 2 CM 75 43 01 08

		Coverage Is Provided In:	PC	DLICY NUMBE	R
			<sub>Pc</sub>	olicy Period:	
VARIOUS LOGOS		9450 Seward Road, Fairfield, Ohio 45014			
		Commercial Inland Marine		rom	То
		Declarations Schedule		2:01 a.m. Stand	
		Computer and Telecommunication	ons   al	Insured Mailin	g Localion
		Equipment Coverage			
Named Insured		Agent			
SUMMARY	OF CO	VERAGES - continued			
Computer And Tele-	Addres	S			
Communi-					
cations					
Equipment Coverage	Dagarin	4:			Limit of Insurance
Coverage	Descrip	otion			Limit of insurance
	Occurre	ence Deductible			
	Breakd	own Deductible			
				Premium	
Extension	Descrip	otion			Limit of Insurance
of Coverage		×			
				Premium	
Computer	Awav F	rom Premises			Limit of Insurance
And Tele-					
Communi- cations					
Equipment					
Coverage					
			Total Ossess		
			ı otal Cover	age Premium	

To report a claim, call your Agent or 1-800-366-6446

Page 2 of 2 CM 75 43 01 08

	Coverage Is Provided In:	POLICY NUMBER
VARIOUS LOG	9450 Seward Road, Fairfield, Ohio 4501	Policy Period:
VAINOUS EOC	Commercial Inland Marine Declarations Schedule Tools and Equipment Cover	From To To 12:01 a.m. Standard Time at Insured Mailing Location
Named Insured	A	Agent
SUMMARY OF	COVERAGES	
	ly for coverages for which a limit of insurance is sho	own. Optional coverages apply only
Tools And Equipment Coverage	Description	Limit of Insurance
	Additional Coverages apply if shown below.	Premium
	Description	Limit of Insurance
Additional Coverages		

CM 75 58 01 08 Page 1 of 2

		Coverage Is Provided In:	POLICY NUMBER
VARIOUS LOGOS  Named Insured		9450 Seward Road, Fairfield, Ohio 45014 Commercial Inland Marine Declarations Schedule Tools and Equipment Coverage Agent	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location
SUMMARY	OF CO	VERAGES - continued	
Tools And Equipment Coverage	Optional Descripti	Coverages apply if shown below. on	Limit of Insurance
Optional Coverages			Premium
			Premium
Tools And Equipment Coverage Employee Tools	<u>Descripti</u> Employee		Limit of Insurance
	Employed	e Tools Deductible	Premium
			Occurrence Deductible
			Total Coverage Premium

Page 2 of 2

	Coverage Is Provided In:	POLICY NUMBER		
	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:		
VARIOUS LO	gos	From To		
	Commercial Inland Marine	12:01 a.m. Standard Time		
	Declarations Schedule	at Insured Mailing Location		
	Installation Coverage			
amed Insured	Agent			
<b>UMMARY C</b>	OF COVERAGES			
	only for coverages for which a limit of insurance is shown. Op	otional coverages apply only		
nen entries are m	ade in this schedule.			
nstallation	Description			
	Description  Installation Site Limit of Insurance			
Installation Coverage	Installation Site Limit of Insurance			
	Installation Site Limit of Insurance In Transit Limit of Insurance Occurrence Limit of Insurance			
	Installation Site Limit of Insurance In Transit Limit of Insurance			
	Installation Site Limit of Insurance In Transit Limit of Insurance Occurrence Limit of Insurance	Premium		
	Installation Site Limit of Insurance In Transit Limit of Insurance Occurrence Limit of Insurance	Premium		
Coverage	Installation Site Limit of Insurance In Transit Limit of Insurance Occurrence Limit of Insurance Increased Debris Removal Limit of Insurance	Premium		
nstallation	Installation Site Limit of Insurance In Transit Limit of Insurance Occurrence Limit of Insurance	Premium		
Coverage	Installation Site Limit of Insurance In Transit Limit of Insurance Occurrence Limit of Insurance Increased Debris Removal Limit of Insurance  Description	Premium		
nstallation Coverage	Installation Site Limit of Insurance In Transit Limit of Insurance Occurrence Limit of Insurance Increased Debris Removal Limit of Insurance  Description  Estimated Gross Installation Receipts	Premium		
Installation Coverage Reporting	Installation Site Limit of Insurance In Transit Limit of Insurance Occurrence Limit of Insurance Increased Debris Removal Limit of Insurance  Description	Premium		
nstallation Coverage	Installation Site Limit of Insurance In Transit Limit of Insurance Occurrence Limit of Insurance Increased Debris Removal Limit of Insurance  Description  Estimated Gross Installation Receipts	Premium		
nstallation Coverage Reporting	Installation Site Limit of Insurance In Transit Limit of Insurance Occurrence Limit of Insurance Increased Debris Removal Limit of Insurance  Description  Estimated Gross Installation Receipts	Premium		

Page 1 of 1

Occurrence Deductible

VARIOUS LO	GOS Coverage Is Provided In:  9450 Seward Road, Fairfield, Ohio 45014	POLICY NUMBER  Policy Period:
	Commercial Inland Marine Declarations Schedule Miscellaneous Property Cove	rage  From To 7  12:01 a.m. Standard Time at Insured Mailing Location
Named Insured	PF COVERAGES	ent
nsurance applies o	only for coverages for which a limit of insurance is show ade in this schedule.	n. Optional coverages apply only
Miscellaneous _ Property Coverage	Description of Items	Limit of Insurance

	Coverage Is Provided In:	POLICY NUMBER		
	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:		
<b>VARIOUS LOGOS</b>	Commercial Inland Marine	From To		
	Declarations Schedule	12:01 a.m. Standard Time		
	Miscellaneous Property Coverage	at Insured Mailing Location		
	Miscellaneous i Toperty Coverage			
Named Insured	Agent	·		
SUMMARY OF CO	OVERAGES - continued			
Miscellaneous Descrip	tion of Items	Limit of	Insurance	
Property Coverage				
	7	otal Limit of Insurance		
		Occurrence Deductible		
	Т	otal Coverage Premium		

Page 2 of 2

	Coverage Is Provided In:	POLICY NUMBER
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014  Commercial Inland Marine  Declarations Schedule  Motor Truck Cargo	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location
Named Insured	Agent	
SUMMARY OF CO	OVERAGES	
	coverages for which a limit of insurance is shown. Opt	ional coverages apply only
Motor Truck	Vehicle Description	Limit of Insurance
Cargo Coverage	Property Insured	
	Premises	
		Premium

	Coverage is Provided in:	POLICY NUMBER
	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:
VARIOUS LOGOS	Commercial Inland Marine	From To
VARIOUS LUGUS	Declarations Schedule	12:01 a.m. Standard Time
	Motor Truck Cargo	at Insured Mailing Location
Named Insured	Agent	
SUMMARY OF C	OVERAGES - continued	
Motor Truck	Vehicle Description	Limit of Insurance
Cargo		
Coverage	Property Insured	
	,	
	Premises	
		Premium
		Fremum
Multiple	Vehicle Description	Limit of Insurance
Units	The most we will pay in any one occurrence for a	
Occurrence		
Occurrence Limit	"loss" involving more than one unit	
	"loss" involving more than one unit	
	"loss" involving more than one unit	Occurrence Deductible

	Coverage Is Provided In:	POLICY NUMBER
	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:
VARIOUS LOGOS	Commercial Inland Marine	From To
	Declarations Schedule	12:01 a.m. Standard Time
	Patterns and Dies Coverage	at Insured Mailing Location
Named Insured	Agent	
SUMMARY OF C		
Insurance applies only for when entries are made in	or coverages for which a limit of insurance is shown. On this schedule.	ptional coverages apply only
Patterns And Dies Coverage	Address	Limit of Insurance
	Description of Property	
		Premium
Patterns And Dies Coverage	Address	Limit of Insurance
	Description of Property	
		Premium

VARIOUS LOGOS  Named Insured	9450 Seward Road, Fairfield, Ohio 45014 Commercial Inland Marine Declarations Schedule Patterns and Dies Coverage Agent	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location
SUMMARY OF C Patterns And Dies Coverage	OVERAGES - continued  Address	Limit of Insurance
	Description of Property	
		Premium
		Transit Limit
		Occurrence Deductible  Total Coverage Premium

POLICY NUMBER

**Coverage Is Provided In:** 

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	Coverage Is Provided In:	POLICY NUMBER
	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:
VARIOUS LOG	A	From To
VARIOUS LOG	Declarations Schedule	12:01 a.m. Standard Time
		at Insured Mailing Location
	Radio, TV Tower And	
Named Insured	Equipment Coverage Agent	I
SUMMARY OF		
Insurance applies only are made in this sche	y for coverages for which a limit of insurance is shown. C dule	optional coverages apply only when entries
Radio, T.V.	Tower Address	Limit of Insurance
Tower And Equipment Coverage		
Radio And/Or Television Towers		
		Premium
Radio, T.V. Tower And Equipment Coverage	Address	Limit of Insurance
Transmitting And Receiving Equipment		
		Premium

Page 1 of 2

	Coverage Is Provided In:	POLICY NUMBER	2
	9450 Seward Road, Fairfield, Ohi	io 45014 Policy Period:	
VARIOUS LOG			То
	Declarations Schedule	12:01 a.m. Standa	
	Radio, TV Tower And	at Insured Mailing	Location
	Equipment Coverage		
Named Insured	_4	Agent	
SUMMARY O	OF COVERAGES - continued		
Radio, T.V.	Description		
Tower And Equipment Coverage	Number of Units		
_	Maximum Amount per Unit		
Mobile Television Unit Contents	Total Limit of Insurance		
		Premium	
Radio, T.V. Tower And Equipment Coverage	Description		Limit of Insurance
Other Transmitting, Receiving or Communication Equipment			
		Premium	
		Occurrence Deductible	
		Total Coverage Premium	

Coverage Is Provided In:

To report a claim, call your Agent or 1-800-366-6446 CM 76 31 01 08

		Coverage Is Prov	ided In:			POLICY NUMBER	
	-	9450 Seward Roa	d, Fairfield, Ol	nio 45014	_	Policy Period:	
VARIOUS LOGOS		Commercial Declarations Transportati	Inland Ma Schedule	rine		From  12:01 a.m. Standard at Insured Mailing Lo	
Named Insured				Agent	1		
SUMMARY C	F COVE	RAGES					
Insurance applies on when entries are m	only for cove	erages for which a l	limit of insuranc	ce is shown. Opt	tional co	verages apply only	
Transportation Coverage	Descripti	on					
Property In Transit While In Custody Of A Common Carrier	•	Limit of Insurance I Annual Values Sh					
					D	eposit Premium	
Transportation Coverage	Description	on					
Property In Transit While In Custody Of A Common Carrier	•	Limit of Insurance I Annual Values Sh					

Deposit Premium

		Coverage Is Provided In:	POLICY NUMBER
VARIOUS LOGOS		9450 Seward Road, Fairfield, Ohio 45014 Commercial Inland Marine Declarations Schedule Transportation Coverage	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location
Named Insured		Agent	l
SUMMARY ( Transportation Coverage		OVERAGES - continued cription	
Property In Transit While In Custody Of A Common Carrier	•	ment Limit of Insurance nated Annual Values Shipped	Deposit Premium
Transportation	Desc	cription	
Coverage		orting Period	
Reporting Provisions			Annual Minimum Premium
Transportation	Desc	cription	
Coverage The Most We Will Pay In Any One Loss	Limit	of Insurance	
			Occurrence Deductible

Page 2 of 2

9450 Seward Road, Fairfield, Ohio 45014  Commercial Inland Marine Declarations Schedule	Policy Period:  From To
	12:01 a.m. Standard Time
Decial aliulia aciieuule	at Insured Mailing Location
Trip Transit Coverage	
Agent	l
erages for which a limit of insurance is shown. C	Optional coverages apply only
e of Departure	
· · ·	
parture	
estination	
pment	
ince	
	•

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Occurrence Deductible

Total Coverage Premium

	Coverage Is Provided In:		
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014	POLICY NUMBER  Policy Period: From To	rd Time
	Commercial Inland Marine	12:01 a.m. Standa at Insured Mailing	
	Declarations Artison Contractors Coverses	1	
Named Insured	Artisan Contractors Coverage	Agent	
	OF COVERAGES es only for coverages for which a limit of insurance is	shown.	
Artisan	Description	Limit of Insurance	Premium
Contractors Coverage Totals	Contractors' Tools and Equipment Coverage Contractors' Installation Floater Contractors' Computer Coverage		
	Description Contractors' Office Equipment Coverage Contractors' Office Premises Address	Limit of Insurance	Premium
	Contractors' Office Equipment Coverage Contractors' Office Premises Address		
	Contractors' Office Equipment Coverage Contractors' Office Premises Address		

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Amount of Deductible Any One Occurrence

Total Coverage Premium

Coverage Is Provided In:	
OAFO Coward Dood Fairfield Ohio 45044	POLICY NUMBER
9450 Seward Road, Fairfield, Ohio 45014	Policy Period:
ercial Inland Marine	From To 12:01 a.m. Standard Time at Insured Mailing Location

Commercial Inland Marine Declarations Artisan Contractors Coverage

**VARIOUS LOGOS** 

	erage		
Named Insured	· · · · · · · · · · · · · · · · · · ·	Agent	
SUMMARY (	OF CHARGES	·	
Explanation of Charges	DESCRIPTION		
		Total Charges:	Note: This is not a bill

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NAM	IE OF COMPANY		POLICY NO.			
NAM	IED INSURED					
			AUTOMOBILE SERVICES	<u>.</u>		
		SL	JPPLEMENTAL DECLARATIONS			
Thi AU for	TO Section of the GARAGE CO	overages whe VERAGE FORM	ges And Covered Autos re there is an entry of one or more symbols from M next to the name of the coverage. Autos are she symbols. Entry of a symbol next to Liability provide	own as c	overed	
		COVERED	LIMIT OF INSUR	ANCE		
	COVERAGES	AUTO SYMBOLS	The Most We Will Pay For Any C	One Acc	cident Or	Loss
Liabili	itv		As stated in the Policy Declarations.			
	nal Injury Protection (PIP)		Separately stated in each PIP endorsement			
	uivalent no-fault coverage)		minus the following deductible:		\$	Deductible
	d Personal Injury Protection					
	uivalent no-fault coverage)		Separately stated in each Added PIP Endorsement.			
	rty Protection Insurance (PPI)		Separately stated in the PPI Endorsement minus			
(Mich	igan only)		the following deductible for each accident:		_ \$	Deductible
Medic	eal Payments		As stated in the Policy Declarations.		_	
Unins	ured Motorsts (UM)				\$	
Under	rinsured Motorsts (UIM)				\$	
	jekeepers Comprehensive		A \$250 deductible applies to each covered		7	
Cover	age		auto. A \$1,000 maximum deductible	Loc. 1:	\$	
			applies for all such loss in any one event.	Loc. 2:	\$	
Garag	jekeepers Collision Coverage		A \$250 deductible applies to each covered	Loc. 1:	\$	
			auto.	Loc. 2:	_ \$	
Physic	cal Damage:		Actual Cash Value or cost of repair, whichever			
			is less, minus deductible stated below:			
	Comprehensive coverage		The following deductible applies to each covered			
			auto. No deductible applies to loss caused by fire			
			or lightning.	<u>-</u>	_ \$	Deductible
	Collision Coverage		The following deductible applies to each covered a	uto:	\$	Deductible
	Specified Causes of		A \$25 deductible applies to each covered auto			
	Loss Coverage		for loss caused by mischief or vandalism.		4	
	ng and Labor		Limit for each disablement of a private passenger a	uto	\$	

Garagekeepers Coverage applies on the basis indicated by an " $[\!\overline{X}\!]$ ."

### Coverage Options:

- ☐ Legal Liability Insurance. If this box is checked, coverage applies only to damages for loss to a covered auto that you or any insured legally must pay.
- Direct Primary Insurance. If this box is checked, coverage applies without regard to you or any insured's legal liability for loss to a covered auto and is primary insurance.

#### **VARIOUS LOGOS**

#### POLICYHOLDER INFORMATION

Named Insured and Mailing Address

Agent Mailing Address & Phone No.

### Your Commercial Documents

#### DEAR POLICYHOLDER:

We know you worked hard to build your business. We work together with your agent

to help protect the things you care about. Thank you for selecting us.

Enclosed are your insurance documents consisting of:

To find your specific coverages, limits of liability, and premium, please refer to your Declarations page(s).

If you have any questions or changes that may affect your insurance needs, please contact your Agent at

! Verify that all information is correct

Agent at

If you have any changes, please contact your

Policy Reminder

eminder In case of a claim, call your Agent or 1-800-366-6446

## YOU NEED TO KNOW

**CONTINUED ON NEXT PAGE** 

#### You Need To Know - continued

### NOTICE(S) TO POLICYHOLDER(S)

The Important Notice(s) to Policyholder(s) provide a general explanation of changes in coverage to your policy. the Important Notice(s) to Policyholder(s) is not a part of your insurance policy and it does no alter policy provisions or conditions. Only the provisions of you policy determine the scope of your insurance protection. It is important that you read your policy carefully to determine your rights, duties and what is and is no covered.

These forms were included in your original policy. An asterisk (\*) indicates that a new or updated version is included in this package.

FORM NUMBER TITLE

	Coverage Is Provided In:	POLICY NUMBER:			
V4 PIQUO I QQQQ	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:			
VARIOUS LOGOS		From To			
	Common Policy Declarations	12:01 a.m. Standard Time at Insured Mailing Location			
Named Insured & Mailing Address Agent Mailing Address & Phone No.					
Named Insured Is:					
Named Insured Business Is	:				
In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.					
SUMMARY OF COVER	AGE PARTS AND CHARGES				
This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.					
COVERAGE PART	CHARGE	:S			
*C	Total Charges for all of the above coverage ertified Acts of Terrorism Coverage	e parts: * (Included)			
		Note: This is not a bill			
IMPORTANT MESSAG	ES				
	-	Authorized Depresentative			
	•	Authorized Representative			

To report a claim, call your Agent or 1-800-366-6446

POLICY FORMS AND ENDORSEMENTS  This section lists the Forms and Endorsements for your policy. Refer to these documents for detailed information concerning your coverage.		Coverage Is Provided In:		POLICY NUMBER:	
Common Policy Declarations  Common Policy Declarations  Agent Mailing Address & Phone No.  POLICY FORMS AND ENDORSEMENTS  This section lists the Forms and Endorsements for your policy. Refer to these documents for detailed information concerning your coverage.  FORM NUMBER TITLE  In witness whereof, we have caused this policy to be signed by our authorized officers.  Common Policy Declarations  Agent Mailing Address & Phone No.	VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014	45014	Policy Period:	
Named Insured & Mailing Address  Agent Mailing Address & Phone No.  POLICY FORMS AND ENDORSEMENTS  This section lists the Forms and Endorsements for your policy. Refer to these documents for detailed information concerning your coverage.  FORM NUMBER  TITLE  In witness whereof, we have caused this policy to be signed by our authorized officers.  E.a., C. M., W., W., W., W., W., W., W., W., W., W		,		From To	
Named Insured & Mailing Address & Phone No.  POLICY FORMS AND ENDORSEMENTS  This section lists the Forms and Endorsements for your policy. Refer to these documents for detailed information concerning your coverage.  FORM NUMBER TITLE  In witness whereof, we have caused this policy to be signed by our authorized officers.  E. J. R. R. W.		Common Policy Declaration	e		
POLICY FORMS AND ENDORSEMENTS  This section lists the Forms and Endorsements for your policy. Refer to these documents for detailed information concerning your coverage.  FORM NUMBER  TITLE  In witness whereof, we have caused this policy to be signed by our authorized officers.  E. W. C. M. W.		Common Foncy Deciaration	3	at insured Mailing Location	
This section lists the Forms and Endorsements for your policy.  Refer to these documents for detailed information concerning your coverage.  FORM NUMBER TITLE  In witness whereof, we have caused this policy to be signed by our authorized officers.  E. M. C. M. W.	Named Insured & Mailing A	ddress	Agent Mailing A	ddress & Phone No.	
This section lists the Forms and Endorsements for your policy.  Refer to these documents for detailed information concerning your coverage.  FORM NUMBER TITLE  In witness whereof, we have caused this policy to be signed by our authorized officers.  E. M. C. M. W.					
This section lists the Forms and Endorsements for your policy.  Refer to these documents for detailed information concerning your coverage.  FORM NUMBER TITLE  In witness whereof, we have caused this policy to be signed by our authorized officers.  E. M. C. M. W.					
This section lists the Forms and Endorsements for your policy.  Refer to these documents for detailed information concerning your coverage.  FORM NUMBER TITLE  In witness whereof, we have caused this policy to be signed by our authorized officers.  E. M. C. M. W.					
Refer to these documents for detailed information concerning your coverage.  FORM NUMBER  TITLE  In witness whereof, we have caused this policy to be signed by our authorized officers.  E.J. C. Ray  J. Way	POLICY FORMS AND E	ENDORSEMENTS			
In witness whereof, we have caused this policy to be signed by our authorized officers.  Elm. C. Kong Agry			overage.		
Elme C. Keng Phys	FORM NUMBER TITLE				
Elme C. Keng Phys					
Elme C. Keng Phys					
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Elme C. Keng Phys					
Elme C. Keng Phys					
Elme C. Keng Phys					
	In witness whereof, we have caused this policy to be signed by our authorized officers.				
	Elms	C. Kenf	P. Gruss		
			President		

VARIOUS LOGOS	Coverage Is Provided In:	POLICY NUMBER:
	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:  From To
	Commercial General Liability Declarations	12:01 a.m. Standard Time at Insured Mailing Location
	Basis:	at moured maning 200a.ion
Named Insured	Agent	'

# **SUMMARY OF CLASSIFICATIONS - BY LOCATION**

Commercial General Liability Limits of	DESCRIPTION	LIMIT
	Each Occurrence Limit	
	Damage To Premises Rented To You Limit (Any One Premises)	
Insurance	Medical Expense Limit (Any One Person)	
	Personal and Advertising Injury Limit	
	General Aggregate Limit (Other than Products - Completed Operations)	
	Products - Completed Operations Aggregate Limit	
Explanation of	DESCRIPTION	PREMIUM
Charges	General Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

	Coverage Is Provid	ded In:	POI	LICY NUMBER:	
VARIOUS LOGOS	9450 Seward Road	, Fairfield, Ohio 45014	Poli	cy Period:	
VARIOUS LUGUS			Fro		То
	Declarations So	chedule		01 a.m. Standar nsured Mailing L	
			at	roar ou maming 1	
Named Insured		Agen	t		
SUMMARY OF CLAS	SSIFICATIONS - B	Y LOCATION			
Insured:					
CLASSIFICATION	-				
COVERAGE DES	CRIPTION PR	REMIUM BASED ON-			PREMIUM
CLASSIFICATION	l -				
COVERAGE DES	CRIPTION PR	REMIUM BASED ON-			PREMIUM
				Total:	
				i Uldi.	

	Coverage Is Provided In:	POLICY NUMBER:
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014  Result Of Cancellation	Policy Period:  From To  12:01 a.m. Standard Time at Insured Mailing Location
Named Insured & Mailing	Address Agent M	Mailing Address & Phone No.
A cancellation effective	has been processed on this pol	licy.
This Cancellation results in a	change in the charges as follows:	
	Total/Return Cha	nraes.
	Total/Notalii ona	.gcs.
		Authorized Representative

	Coverage Is Provided In:		POLICY NUMBER:	
VARIOUS LOGOS	9450 Seward Road, Fairfie Result Of Reinstateme		12:01 a.m. Standard	
Named Insured & Mailing	ı Address	Agent N	at Insured Mailing Lo	
The policy is reinstate	d effective			
This Reinstatement results ir	n a change in the charges as follo	ows:		
	Additional Premium:			
		Total Additional Cha	_	
			Note: This is not a bill	
			Authorized Representative	

VARIOUS LOGOS  Named Insured and Mailing Ad	9450 Seward Road, Fairfield, Ohio 45014  POLICY CHANGE ENDORSEMENT  Idress Agent Mailing	Policy Period:  Endorsement Period:  12:01 a.m. Standard Time at Insured Mailing Location  Address & Phone No.
CHANGE(S) TO POLICY -		
DESCRIPTION OF CHANGE(S)	SEMENT RESULTS IN A CHANGE IN THE CH	ARGES AS FOLLOWS:  Note: This is not a bill
Servicing Office and Issue Date	- F	Authorized Representative

Coverage Is Provided In:

Policy Number:

To report a claim, call your Agent or 1-800-366-6446 DS 70 27 01 08

	Coverage Is Provided In:	Policy Number:
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 450	Policy Period:
· · · · · · · · · · · · · · · · · · ·		Endorsement Period:
	POLICY CHANGE ENDORSEME	ENT 12:01 a.m. Standard Time at Insured Mailing Location
Named Insured and Mailing A	Address Agent M	lailing Address & Phone No.
OTHER NAMED INSURE	DS	
SUMMARY OF LOCATIO	NS	
POLICY FORMS AND EN	IDODEEMENTS	
This section lists the Forms and		
	etailed information concerning your coverage	ge.
FORM NUMBER TITLE		
Servicing Office		
and Issue Date		Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

	Coverage Is Provided In:	POLICY NUMBER:
	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:
VARIOUS LOGOS		From To
	Common Policy Declarations	12:01 a.m. Standard Time at Insured Mailing Location
Named Insured & Mailing Ad	ddress Agent N	lailing Address & Phone No.
Named Insured Is:		
Named Insured Business Is	:	
In return for the payment of provide the insurance as sta	the premium, and subject to all the terms of the terms of the terms of the third policy.	his policy, we agree with you to
SUMMARY OF COVERA	AGE PARTS AND CHARGES	
Parts (which consist of covera	mmon Policy Declarations page, Common Policy age forms and other applicable forms and endorse other forms and endorsements issued to be part of	ements, if any, issued to
COVERAGE PART	CHARG	ES
		*4. 1. 1. 0
*C	Total Charges for all of the above coverage ertified Acts of Terrorism Coverage	ye parts: * (Included)
	-	Note: This is not a bill
IMPORTANT MESSAG	ES	
		Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 31 01 08 Page 1 of 5

VARIOUS LOGOS	Coverage Is Provided In:	POLICY NUMBER:
	9450 Seward Road, Fairfield, Ohio	Policy Period:
	Common Policy Declaration	12:01 a.m. Standard Time
Named Insured & Mailing A	ddress	Agent Mailing Address & Phone No.

### **IMPORTANT MESSAGES - Continued**

#### NOTICE(S) TO POLICYHOLDER(S)

The important Notice(s) to Policyholder(s) provide a general explanation of changes in coverage to your policy The Important Notice(s) to Policyholder(s) is not a part of your insurance policy and it does not alter policy provisions or conditions. Only the provisions of you policy determine the scope of your insurance protection. It is important that you read your policy carefully to determine your rights, duties and what is and is not covered.

**FORM NUMBER** 

**TITLE** 

DS 70 31 01 08 Page 2 of 5

	Coverage Is Provided In:	PC	LICY NUMBE	ER:	
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio	1.0011	om Period:	То	
	Common Policy Declaration	_	:01 a.m. Stand Insured Mailin		
Named Insured & Mailing A	ddress	Agent Mailing Addre	ess & Phone	No.	

# **POLICY FORMS AND ENDORSEMENTS**

This section lists the Forms and Endorsements for your policy. Refer to these documents for detailed information concerning your coverage.

FORM NUMBER TITLE

DS 70 31 01 08 Page 3 of 5

VARIOUS LOGOS	Coverage Is Provided In:	POLICY NUMBER:
	9450 Seward Road, Fairfield, Ohio	45014 Policy Period:
	Common Policy Declarations	12:01 a.m. Standard Time
Named Insured & Mailing A	ddress	Agent Mailing Address & Phone No.

# **POLICY FORMS AND ENDORSEMENTS**

This section lists the Forms and Endorsements for your policy. Refer to these documents for detailed information concerning your coverage.

FORM NUMBER TITLE

DS 70 31 01 08 Page 4 of 5

	Coverage Is Provided In:		POLICY NUMBER:	
	9450 Seward Road, Fairfield, Oh	io 45014	Policy Period:	
VARIOUS LOGOS	5400 Ocwara Road, Fairneid, Off	10 40014	From	То
	Common Policy Declaratio	ns	12:01 a.m. Standard at Insured Mailing L	
Named Insured & Mailing A	ddress	Agent Mailing A	ddress & Phone No.	
POLICY FORMS AND E	ENDORSEMENTS			
	and Endorsements for your policy.  detailed information concerning your of	coverage.		
FORM NUMBER TITL	E			
In witness whereof, we have	caused this policy to be signed by our	authorized officers.		
Elin	C. Kenf	De Gruss		
Secretary		President		

To report a claim, call your Agent or 1-800-366-6446

DS 70 31 01 08 Page 5 of 5

	Coverage Is Provided In:	POLICY NUM	IBER:	
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:		
	Result Of Reinstatement	From	То	
		12:01 a.m. St at Insured Ma		
Named Insured & Mailin	g Address Agent Ma	ailing Address & Pho	ne No.	
The malieu is vainatet	ad affactive			
The policy is reinstate	ed effective			
This Reinstatement results	in a change in the charges as follows:			
	Additional Premium:			
	Total Additional Char			
		Note: This is not a	bill	
	_			
	A	Authorized Representat	ive	

To report a claim, call your Agent or 1-800-366-6446
DS 70 34 01 08
Page 1 of 1

	Coverage Is Provided In:	POLICY NUM	POLICY NUMBER:  Policy Period:		
VARIOUS LOGOS	9450 Seward Road, Fairfield, Ohio 45014	Policy Period:			
	Result Of Cancellation	12:01 a.m. St at Insured Ma			
Named Insured & Mailing	g Address Agent M	ailing Address & Pho	ne No.		
A cancellation effective	has been processed on this poli	су.			
This Cancellation results in a	a change in the charges as follows:				
	Total/Return Char	ges:			
	-				
	,	Authorized Representat	ive		

DS 70 56 01 08 Page 1 of 1

To report a claim, call your Agent or 1-800-366-6446

 SERFF Tracking Number:
 HCAS-125376375
 State:
 Arkansas

 First Filing Company:
 American Fire and Casualty Company, ...
 State Tracking Number:
 EFT \$650

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

# **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: HCAS-125376375 State: Arkansas
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

# **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Uniform Transmittal Document- Approved 12/17/2007

Property & Casualty

**Comments:** 

Document attached.

Attachment:

AR PC TD-1(2007).pdf

**Review Status:** 

Satisfied -Name: Cover Letter and Filing Approved 12/17/2007

Memorandum

**Comments:** 

Cover Letter and Filing Memorandum attached.

Attachments:

AR ml cover letter.pdf

Filing Memorandum Rebranding ml.ar.pdf

Exhibit A 1126.pdf

# **Property & Casualty Transmittal Document**

1. Reserved for Insurance		2. In	Insurance Department Use only					
Dept. Use Only		a. Da	. Date the filing is received:					
			b. Analyst:					
		c. Dis	position:					
		d. Da	te of dispos	ition of the	filing:			
		e. Eff	ective date					
			New Bu					
		f Sta	Renewa ate Filing #:	l Business				
			RFF Filing	<b>#</b> •				
		j n. Su	bject Codes	•		, NAIO #		
3.	Group Name					Group NAIC #		
4	Company Name(s)		Domicile	NAIC#	FEIN #	State #		
4.	Company Name(s)		Dominione	IIAIO II	T EIN "	Otato II		
	O							
5.	I Company Tracking Number							
5.	Company Tracking Number	Officer/e	) Finaluda ta	II froe numbe	orl			
Con	tact Info of Filer(s) or Corporate			II-free numbe		e-mail		
	. ,	Officer(s Title		ll-free numbe	er] FAX #	e-mail		
Con	tact Info of Filer(s) or Corporate					e-mail		
Con	tact Info of Filer(s) or Corporate					e-mail		
6.	ntact Info of Filer(s) or Corporate  Name and address					e-mail		
Con	Name and address  Signature of authorized filer	Title				e-mail		
7.	Name and address  Signature of authorized filer  Please print name of authorize	<b>Title</b>	Tele	phone #s	FAX#	e-mail		
7.	Name and address  Signature of authorized filer	<b>Title</b>	Tele	phone #s	FAX#	e-mail		
7. 8. Filli 9.	Signature of authorized filer Please print name of authorize  In Type of Insurance (TOI)  Sub-Type of Insurance (Sub	Title d filer nstruction	Tele	phone #s	FAX#	e-mail		
7. 8. Filli	Signature of authorized filer Please print name of authorize  In the state of the s	d filer struction -TOI) s)(if	Tele	phone #s	FAX#	e-mail		
7. 8. Filli 9.	Signature of authorized filer Please print name of authorize  In Type of Insurance (TOI)  Sub-Type of Insurance (Sub	d filer struction -TOI) s)(if uirements)	Tele	phone #s	FAX#	e-mail		
7. 8. Filli 9. 10.	Signature of authorized filer Please print name of authorize  ng information (see General In Type of Insurance (TOI)  Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Required.	d filer struction -TOI) s)(if uirements)	ns for descri	ptions of the	ese fields)	Rates/Rules		
7. 8. Filli 9. 10. 11.	Signature of authorized filer Please print name of authorize ng information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code( applicable)[See State Specific Requ Company Program Title (Mark	d filer struction -TOI) s)(if uirements)	ns for descri	ptions of the	FAX # ese fields)  [ ] Rules [ ] F bination Rates/R	Rates/Rules ules/Forms		
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7. 8. Filli 9. 10. 11. 12.	Signature of authorized filer Please print name of authorize  ng information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Requested Company Program Title (Mark Filing Type	d filer struction -TOI) s)(if uirements)	I Porm [] Without New:	ptions of the	FAX # ese fields)  [ ] Rules [ ] F bination Rates/R	Rates/Rules rules/Forms ription)		
7. 8. Filli 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorize ng information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Requested Company Program Title (Mark Filing Type  Effective Date(s) Requested Reference Filing?	d filer estruction -TOI) s)(if uirements) teting title)	I Rate/ [] Form [] Without New: [] Yes	ptions of the	ese fields)  [ ] Rules [ ] Fination Rates/Rother (give described)	Rates/Rules rules/Forms ription)		
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7. 8. Filli 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorize ng information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code( applicable)[See State Specific Requ Company Program Title (Mark Filing Type  Effective Date(s) Requested Reference Filing? Reference Organization (if ap	d filer estruction  -TOI) s)(if uirements) eting title)	I Rate/ [] Form [] Without New: [] Yes	ptions of the	ese fields)  [ ] Rules [ ] Fination Rates/Rother (give described)	Rates/Rules rules/Forms ription)		
7. 8. Filli 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorize ng information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Requested Company Program Title (Mark Filing Type  Effective Date(s) Requested Reference Filing? Reference Organization (if application of the program of the progra	d filer estruction  -TOI) s)(if uirements) eting title)	Tele	ptions of the	ese fields)  [ ] Rules [ ] Fination Rates/Rother (give descondant)	Rates/Rules rules/Forms ription)		

# **Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
	Filing Fees (Filer must provide check # and fee amount if applicable)
22.	[If a state requires you to show how you calculated your filing fees, place that calculation below]
	neck #:
Aı	mount:
	r to each state's checklist for additional state specific requirements or instructions on ulating fees.
	Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies uired, other state specific forms, etc.)
PC	TD-1 pg 2 of 2

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December 5, 2007

Honorable Julie Benafield Bowman Commissioner of Insurance Arkansas Insurance Department 1200 West Third Street Little Rock, AR 72201-1904

RE: THE OHIO CASUALTY INSURANCE COMPANY – NAIC #0111-24074 WEST AMERICAN INSURANCE COMPANY – NAIC #0111-44393

AMERICAN FIRE AND CASUALTY COMPANY – NAIC #0111-24066 OHIO SECURITY INSURANCE COMPANY – NAIC #0111-24082

COMMERCIAL LINES FORMS FILING

REVISED COMPANY FORMS – DUE TO ACQUISITION

OUR FILING NUMBER: CL20070153

In accordance with the filing requirements of your state, we are submitting revised company forms due to the recent acquisition of the Ohio Casualty Group by Liberty Mutual, as outlined on the attached Filing Memorandum.

The lines applicable to this filing are:

GL Artisan Contractors (Ohio Casualty only)	Professional Liability (Ohio Casualty only)	
Commercial Automobile	Commercial Inland Marine	
General Liability	Businessowners	
GL Custom HomeBuilders (Ohio Security only)		

Please note that Ohio Security Insurance Company will be used for General Liability Custom HomeBuilders forms only.

We are submitting this filing to be applicable to all policies written on or after February 9, 2008.

To the best of our knowledge, information and belief, this filing is in compliance with the provisions of the insurance statutes, rules and regulations of your state.

David M. Puckett, Product Staff Underwriter Property and Casualty Operations 1-800-843-6446 Ext. 2842 Fax # (513) 603-3123

E-mail address: dave.puckett@ocas.com

DMP/Enc.

dp1204ml.ar.doc

#### FILING MEMORANDUM

Due to the recent acquisition of the Ohio Casualty Group by Liberty Mutual, we are filing revised policy declarations, schedules, Auto option selectors, Auto I.D. cards and/or supplemental applications. The supplemental applications are in addition to the standard ACORD applications and ACORD fraud warning statements. (Auto option selectors, Auto I.D. cards and/or supplemental applications are filed only in applicable states as required, and not filed in states where they are not required to be filed.)

These items currently contain Ohio Casualty Group logos, website and phone numbers which we have removed because they are no longer valid due to this acquisition. We will provide the policyholders and agents with the appropriate phone numbers and websites through policyholders notices, mailings and stuffers. Attached is Exhibit A which shows the Liberty Mutual Regional Company logos which will replace the current Ohio Casualty Group logos.

#### **REVISED COMPANY FORMS**

#### GL ARTISAN CONTRACTORS (Ohio Casualty Ins. Co. only)

#### REVISED FORMS – COUNTRYWIDE

Form Number	Edition Date	<u>Description</u>
DS 81 02	01 08	Artisan Contractors Liability Declarations

#### **COMMERCIAL AUTOMOBILE**

#### REVISED FORMS – COUNTRYWIDE

Form Number	Edition Date	Description
DS 70 38	01 08	Business Auto Policy Manual Declarations
DS 70 39	01 08	Business Auto Policy Manual Declarations Schedule
DS 70 42	01 08	Common Policy Declarations
DS 70 43	01 08	Business Automobile Policy Declarations
DS 70 44	01 08	Truckers Policy Manual Declarations
DS 70 45	01 08	Truckers Policy Manual Declarations Schedule
DS 70 46	01 08	Garage (Non-Dealers) Policy Manual Declarations
DS 70 47	01 08	Garage (Non-Dealers/Dealers) Policy Manual Declarations Schedule
DS 70 48	01 08	Motor Carrier Policy Manual Declarations
DS 70 49	01 08	Motor Carrier Policy Manual Declarations Schedule
DS 70 58	01 08	Garage (Dealers) Policy Manual Declarations

#### **GENERAL LIABILITY**

<u>Description</u>
Commercial General Liability Declarations
Declarations Schedule
Liquor Liability Declarations
Railroad Protective Liability Declaration

**REVISED FORMS – COUNTRYWIDE** 

Products/Completed Operations Liability Declarations

Owners and Contractors Protective Liability Declarations

Custom Homebuilders Common Policy Declarations (Ohio Security Ins. Co. only)

Employee Benefits Liability Declarations

Employers' Stop Gap Liability Declarations

#### PROFESSIONAL LIABILITY (Ohio Casualty Ins. Co. only)

# Form Number Edition Date Description Printers Errors and Omissions Liability Declarations

**Declarations Schedule** 

Contractors E & O Declarations

Form Number

CG 80 00

CG 80 01

CG 81 03

CG 81 04

CG 81 06

DS 70 19

DS 80 09

DS 81 00 DS 81 07

DS 70 36

DS 81 06

**Edition Date** 

01 08

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01 08

#### **COMMERCIAL INLAND MARINE**

T		
		REVISED FORMS – COUNTRYWIDE
Form Number	Edition Date	<u>Description</u>
CM 74 00	01 08	Commercial Inland Marine Declarations (Manual)
CM 74 10	01 08	Commercial Inland Marine Supplemental Declarations Schedule (Manual)
CM 74 20	01 08	Comm'l Inland Marine Dec. Schedule - Accounts Receivable Coverage
CM 74 21	01 08	Comm'l Inland Marine Dec. Schedule - Camera and Musical Instrument
		Dealers Coverage
CM 74 22	01 08	Comm'l Inland Marine Dec. Schedule - Commercial Articles Coverage
CM 74 30	01 08	Comm'l Inland Marine Dec. Schedule - Physicians and Surgeons Equipment
		Coverage
CM 74 33	01 08	Comm'l Inland Marine Dec. Schedule - Valuable Papers and Records
		Coverage
CM 75 11	01 08	Comm'l Inland Marine Dec. Schedule – Bailee's Coverage
CM 75 19	01 08	Comm'l Inland Marine Dec. Schedule - Builders' Risk Coverage
CM 75 43	01 08	Comm'l Inland Marine Dec. Schedule -Computer & Telecomm. Equipment
	0.00	Coverage
CM 75 58	01 08	Comm'l Inland Marine Dec. Schedule - Tools and Equipment Coverage
CM 75 81	01 08	Comm'l Inland Marine Dec. Schedule - Installation Coverage
CM 75 91	01 08	Comm'l Inland Marine Dec. Schedule - Miscellaneous Property Coverage
CM 76 05	01 08	Comm'l Inland Marine Dec. Schedule - Motor Truck Cargo Coverage
CM 76 22	01 08	Comm'l Inland Marine Dec. Schedule - Patterns and Dies Coverage
CM 76 31	01 08	Comm'l Inland Marine Dec. Schedule - Radio, TV Tower and Equipment
	0.00	Coverage
CM 76 62	01 08	Comm'l Inland Marine Dec. Schedule - Transportation Coverage
CM 76 71	01 08	Comm'l Inland Marine Dec. Schedule - Trip Transit Coverage
CM 77 43	01 08	Commercial Inland Marine Declarations - Artisan Contractors Coverage
0.7177 10	0.700	(Manual)
		(**************************************

NOTE: Our revised Commercial Inland Marine forms in this list are being filed in all our active states. Some of our revised Commercial Inland Marine declarations and schedules in this list are considered as Uncontrolled (Non-regulated) Inland Marine coverages which are not required to be filed in some states. If your state treats some of these Inland Marine coverages as Uncontrolled (Non-regulated), please ignore these revised forms which are included in this filing.

#### **BUSINESSOWNERS**

# **REVISED FORMS – COUNTRYWIDE**

Form Number BP 79 17 Bdition Date O1 08 Description Automobile Services Supplemental Declarations

#### **MULTILINE**

#### **REVISED FORMS – COUNTRYWIDE**

Form Number	Edition Date	Description
DS 70 20	01 08	Policyholder Information (Automated)
DS 70 21	01 08	Common Policy Declarations (Automated)
DS 70 22	01 08	Commercial (Line Specific) Declarations (Automated)
DS 70 23	01 08	Commercial (Line Specific) Schedule (Automated)
DS 70 25	01 08	Result of Cancellation (Automated)
DS 70 26	01 08	Result of Reinstatement (Automated)
DS 70 27	01 08	Policy Change Endorsement (Automated)
DS 70 31	01 08	Common Policy Declarations (Manual)
DS 70 34	01 08	Result of Reinstatement (Manual)
DS 70 56	01 08	Result of Cancellation (Manual)

#### **EXHIBIT A**

## Liberty Mutual Regional Company Logo's

These are samples of some of the logos that maybe placed on the policy declarations, declaration schedules and schedules.















